

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90161 025 ***150.00

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DOCUMENT # F930000004099

1. Corporation Name

APPLIED POWER ASSOCIATES, INC.

Principal Place of Business

9300 UNDERWOOD AVENUE, SUITE 400
OMAHA NE 68114-2684

Mailing Address

9300 UNDERWOOD AVENUE, SUITE 400
OMAHA NE 68114-2684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

4. FEI Number

47-0647846

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

NAME STEVENS, SPENCER C
STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400
CITY-ST-ZIP OMAHA NE 68114-2684

1.1 TITLE ☐ Change ☐ Addition

NAME STEVENS, SPENCER C

STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400

CITY-ST-ZIP OMAHA NE 68114-2684

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME PHILLIP D. MEYERS
STREET ADDRESS 11308 DAVENPORT ST.
CITY-ST-ZIP OMAHA NE

2.1 TITLE ☐ Change ☐ Addition

NAME PHILLIP D. MEYERS

STREET ADDRESS 11308 DAVENPORT ST.

CITY-ST-ZIP OMAHA NE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SPROUL, JOSEPH C
STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400
CITY-ST-ZIP OMAHA NE 68114-2684

3.1 TITLE ☐ Change ☐ Addition

NAME SPROUL, JOSEPH C

STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400

CITY-ST-ZIP OMAHA NE 68114-2684

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME BANDARS, KATHRYN R
STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400
CITY-ST-ZIP OMAHA NE 68114-2684

4.1 TITLE ☐ Change ☐ Addition

NAME BANDARS, KATHRYN R

STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400

CITY-ST-ZIP OMAHA NE 68114-2684

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME PEARSON, JON F
STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400
CITY-ST-ZIP OMAHA NE 68114-2684

5.1 TITLE ☐ Change ☐ Addition

NAME PEARSON, JON F

STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400

CITY-ST-ZIP OMAHA NE 68114-2684

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME VRTISKA, IVAN A
STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400
CITY-ST-ZIP OMAHA NE 68114-2684

6.1 TITLE ☐ Change ☐ Addition

NAME VRTISKA, IVAN A

STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400

CITY-ST-ZIP OMAHA NE 68114-2684

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon F. Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon F. Pearson

1/29/1999

Date

402/390-9300

Daytime Phone #

CR2E034 (1/98)