2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000090109

1. Entity Name
APPLIED INDUSTRIAL TECHNOLOGIES, INC.

FILED
2005 OCT 27 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9727 ENGLISH PINE CT WINDERMERE, FL 34786	9727 ENGLISH PINE CT WINDERMERE, FL 34786

10242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1240032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REINPOLDT III, WILLEM H 9727 ENGLISH PINE CT WINDERMERE, FL 34786	Name Michael A. Reinpoldt Street Address (P.O. Box Number is Not Acceptable) 9727 English Pine Court City Windermere FL 34786

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael A Reinpoldt October 17, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINPOLDT III, WILLEM H 9727 ENGLISH PINE CT WINDERMERE, FL 34786	[X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael A. Reinpoldt 9727 English Pine Court Windermere FL 34786	☐ Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060966747 10/27/05--01038--005 **70.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A Reinpoldt October 17, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #