

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:44

DOCUMENT # **P08741 (1)**

1. Corporation Name  
**PIEPER ELECTRIC, INC.**

Principal Place of Business  
**5070 NORTH 35TH STREET  
MILWAUKEE WI 53209**

Mailing Address  
**5070 NORTH 35TH STREET  
MILWAUKEE WI 53209**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/17/1986** 3a. Date of Last Report **03/08/1994**

4. FEI Number **39-0972052** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Suite, Apt. #, etc.

26. City & State

27. Zip Country

28. Zip Country

29. Zip Country

30. Zip Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code **FL**

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 registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **PTD**

NAME **PIEPER, RICHARD R.**

STREET ADDRESS **6203 NO. BAY RIDGE**

CITY-ST-ZIP **WHITEFISH BAY WI**

TITLE **V**

NAME **ADAMS, WILLIAM R.**

STREET ADDRESS **W305 N2616 RAVINE CT.**

CITY-ST-ZIP **PEWAUKEE WI**

TITLE **S**

NAME **OHLGART, THOMAS N.**

STREET ADDRESS **595 POPLAR CRK DR.**

CITY-ST-ZIP **WAUKESHA WI**

TITLE **D**

NAME **BIERBAUM, RONALD**

STREET ADDRESS **4311 NANCY PLACE**

CITY-ST-ZIP **SHOREVIEW MN**

TITLE **D**

NAME **MCGOOHAN, PHIL**

STREET ADDRESS **10202 N. TRILLUM ROAD**

CITY-ST-ZIP **MEQUON WI**

TITLE

NAME **Norm DOLL**

STREET ADDRESS

CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE **Chief Executive Officer, Treasurer, Director**  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME **Norm DOLL / President**

6.3 STREET ADDRESS **11349 N. Linnwood Lane 16W**

6.4 CITY-ST-ZIP **MEQUON, WI 53092**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), 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 such name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Thomas Ohlgart*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas Ohlgart**

**1/12/95 414-462-7700**