

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

01/17/1986

3a. Date of Last Report

02/13/1995

4. FET 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

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 (applicable)

(Not applicable if registered agent's signature is required for re-registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOT	<input type="checkbox"/> DELETE
NAME	PIEPER, RICHARD R.	
STREET ADDRESS	6203 NO. BAY RIDGE	
CITY-STATE-ZIP	WHITEFISH BAY WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ADAMS, WILLIAM R.	
STREET ADDRESS	W305 N2616 RAVINE CT.	
CITY-STATE-ZIP	PEWAUKEE WI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OHLGART, THOMAS N.	
STREET ADDRESS	595 POPLAR CRRK DR.	
CITY-STATE-ZIP	WAUKESHA WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIERBAUM, RONALD	
STREET ADDRESS	4311 NANCY PLACE	
CITY-STATE-ZIP	SHOREVIEW MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGOOHAN, PHIL	
STREET ADDRESS	10202 N. TRILLUM ROAD	
CITY-STATE-ZIP	MEQUON WI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DOLL, NORM	
STREET ADDRESS	11349 N LINWOOD LANE 16W	
CITY-STATE-ZIP	MEQUON WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	plus CEO + Treasurer	
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	No longer Vice-president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	now Assistant Secretary	
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 119.07(3)(k), 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.

SIGNATURE: *Thomas Ohlgart* - Secretary (Thomas Ohlgart) 2/7/96 414-462-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)