

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 (21-24) and 2a. Mailing Address (26-29) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/17/1986**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **39-0972052**
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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-84) and 85. 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: _____ DATE: _____
Signature typed or printed name of registered agent and the applicant. (NO E-Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOT	1.1 TITLE	Director
NAME	PIEPER, RICHARD R.	1.2 NAME	plus CEO + Treasurer
STREET ADDRESS	6203 NO. BAY RIDGE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	WHITEFISH BAY WI	1.4 CITY-STATE-ZIP	
TITLE	V	2.1 TITLE	No longer Vice-president
NAME	ADAMS, WILLIAM R.	2.2 NAME	now Assistant secretary
STREET ADDRESS	W305 N2616 RAVINE CT.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PEWAUKEE WI	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	
NAME	OHLGART, THOMAS N.	3.2 NAME	
STREET ADDRESS	595 POPLAR CRRK DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WAUKESHA WI	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	
NAME	BIERBAUM, RONALD	4.2 NAME	
STREET ADDRESS	4311 NANCY PLACE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SHOREVIEW MN	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	
NAME	MCGOOHAN, PHIL	5.2 NAME	
STREET ADDRESS	10202 N. TRILLUM ROAD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MEQUON WI	5.4 CITY-STATE-ZIP	
TITLE	P	6.1 TITLE	
NAME	DOLL, NORM	6.2 NAME	
STREET ADDRESS	11349 N LINWOOD LANE 16W	6.3 STREET ADDRESS	
CITY-STATE-ZIP	MEQUON WI	6.4 CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes handwritten notes and checkboxes for Change and Addition.

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-Phone #

CR2E034 (12/95)