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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 53209-5302



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

03/04/1996

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

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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PIEPER, RICHARD R.
STREET ADDRESS
6203 NO. BAY RIDGE
CITY - ST - ZIP
WHITEFISH BAY WI

TITLE ☐ DELETE

NAME
AS
ADAMS, WILLIAM R.
STREET ADDRESS
W305 N2616 RAVINE CT.
CITY - ST - ZIP
PEWAUKEE WI

TITLE ☐ DELETE

NAME
S
OHLGART, THOMAS N.
STREET ADDRESS
595 POPLAR CRK DR.
CITY - ST - ZIP
WAUKESHA WI

TITLE ☐ DELETE

NAME
D
BIERBAUM, RONALD
STREET ADDRESS
4311 NANCY PLACE
CITY - ST - ZIP
SHOREVIEW MN

TITLE ☐ DELETE

NAME
D
MCGOOHAN, PHIL
STREET ADDRESS
10202 N. TRILLUM ROAD
CITY - ST - ZIP
MEQUON WI

TITLE ☐ DELETE

NAME
P
DOLL, NORM
STREET ADDRESS
11349 N LINWOOD LANE 16W
CITY - ST - ZIP
MEQUON WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Thomas Ohlgart (Thomas Ohlgart)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

Date

414-462-7700

Daytime Phone #

CR2E034 (9/96)