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FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90028 006 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 846428

1. Corporation Name
SIFCO CUSTOM MACHINING COMPANY



Principal Place of Business 2430 WINNETKA AVE NORTH GOLDEN VALLEY MN 55427	Mailing Address 2430 WINNETKA AVE NORTH GOLDEN VALLEY MN 55427.
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 07/07/1980	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 41-0742016		
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

T NAME: DEMETTER, RICHARD A STREET ADDRESS: 970 E 64TH ST CITY-ST-ZIP: CLEVELAND, OHIO 00000	<input type="checkbox"/> DELETE
V NAME: GONIOR, MARTIN E. STREET ADDRESS: 2430 N WINNETKA AVE CITY-ST-ZIP: MINNEAPOLIS, MN 00000	<input type="checkbox"/> DELETE
CD NAME: SMITH, CHARLES H JR STREET ADDRESS: 970 E 64TH ST CITY-ST-ZIP: CLEVELAND, OHIO 00000	<input type="checkbox"/> DELETE
SD NAME: GOTSCHALL, GEORGE D STREET ADDRESS: 970 E 64TH ST CITY-ST-ZIP: CLEVELAND, OHIO 00000	<input type="checkbox"/> DELETE
PD NAME: GOTSCHALL, JEFFREY P STREET ADDRESS: 25 PINE RIVER DR CITY-ST-ZIP: BENTLYVILLE OH	<input type="checkbox"/> DELETE
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Jeffrey P. Gotschall DATE: 1/25/99 DAYTIME PHONE #: (216) 881-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)