

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 024 ***150.00

DOCUMENT # **846428** ✓

1. Entity Name

SIFCO Custom Machining Company

DO NOT WRITE IN THIS SPACE

670624

2. Principal Place of Business

2430 Winnetka Ave N

Suite, Apt. #, etc.

3. Mailing Address

970 East 64th St.

Suite, Apt. #, etc.

City & State

Golden Valley, MN

City & State

Cleveland, OH

Zip

55427

Country

USA

Zip

44103

Country

USA

4. FEI Number

41-0742016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Rd.

City

Plantation

FL

Zip Code

33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*T/S
Cappello, Frank
970 East 64th St.
Cleveland, Oh 44103*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*CD
Smith, Charles H Jr.
970 East 64th St.
Cleveland, Oh 44103*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Controller
Belzinskas, Remigijus
970 East 64th St.
Cleveland, Oh 44103*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PD
Gotschall, Jeffrey P
970 East 64th St.
Cleveland, Oh 44103*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D
Smith, Hudson O
970 East 64th St.
Cleveland, Oh 44103*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

CR2E034B (12/01)