


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90320 046 ***150.00

DOCUMENT # 846428	
1. Entity Name SIFCO CUSTOM MACHINING COMPANY	

Principal Place of Business 2430 WINNETKA AVE NORTH GOLDEN VALLEY, MN 55427	Mailing Address 970 EAST 64TH STREET CLEVELAND, OH 44103
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number 41-0742016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	TS	TITLE
NAME	CAPPELLO, FRANK <input type="checkbox"/> Delete	NAME
STREET ADDRESS	970 E 64TH ST	STREET ADDRESS
CITY-ST-ZIP	CLEVELAND, OH 44103	CITY-ST-ZIP
TITLE	C <input type="checkbox"/> Delete	TITLE
NAME	BELZINSKAS, REMIGIJUS	NAME
STREET ADDRESS	970 E 64TH ST	STREET ADDRESS
CITY-ST-ZIP	CLEVELAND, OH 44103	CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> Delete	TITLE
NAME	GOTSCHALL, JEFFREY P	NAME
STREET ADDRESS	970 E 64 STREET	STREET ADDRESS
CITY-ST-ZIP	CLEVELAND, OH 44103	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> Delete	TITLE
NAME	SMITH, HUDSON D	NAME
STREET ADDRESS	970 E 64 STREET	STREET ADDRESS
CITY-ST-ZIP	CLEVELAND, OH 44103	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u><i>Remigijus Belzinskas</i></u>	Date: <u>4-23-04</u> Daytime Phone #: <u>216.881.8600</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	