



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90050 001 *1,650.00

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		08082006 Chg-P CR2E034 (11/05)	
Zip Country		Zip Country		4. FEI Number 41-0742016	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VCFO CAPPELLO, FRANK 970 E 64TH ST CLEVELAND, OH 44103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC BELZINSKAS, REMIGIJUS 970 E 64TH ST CLEVELAND, OH 44103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDCE GOTSCHALL, JEFFREY P 970 E 64 STREET CLEVELAND, OH 44103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HUDSON D 970 E 64 STREET CLEVELAND, OH 44103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO CREAN, TIMOTHY V 970 E 64 STREET CLEVELAND, OH 44103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULLER, CAROLYN J 970 E 64 STREET CLEVELAND, OH 44103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Remigijus Belzinskas</u> <u>8-3-06</u> <u>212 881 8000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

66023785
#8466128

SIFCO Custom Machining Co.
Continuation sheet to 2006 Florida Annual Report

10. Additional Officers and Directors

Title	D
Name	Michael S. Lipscomb
Street Address	970 E. 64 th St.
City-St-Zip	Cleveland, OH 44103

Title	D
Name	P. Charles Miller, Jr.
Street Address	970 E. 64 th St.
City-St-Zip	Cleveland, OH 44103

Title	D
Name	Alayne L. Reitman
Street Address	970 E. 64 th St.
City-St-Zip	Cleveland, OH 44103

Title	D
Name	J. Douglas Whelan
Street Address	970 E. 64 th St.
City-St-Zip	Cleveland, OH 44103