

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90335 001 ***300.00

DOCUMENT # F01000006533

1. Entity Name
ARGO-TECH CORPORATION (OEM)



Principal Place of Business
**23555 EUCLID AVENUE
CLEVELAND, OH 44117**

Mailing Address
**23555 EUCLID AVENUE
CLEVELAND, OH 44117**



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1521120	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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LIPSCOMB, MICHAEL S 23555 EUCLID AVENUE CLEVELAND, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KEEN, PAUL R 23555 EUCLID AVENUE CLEVELAND, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ST. CLAIR, FRANCES S 23555 EUCLID AVENUE CLEVELAND, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKLAD, PAUL A 23555 EUCLID AVENUE CLEVELAND, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-04

Date

216-692-6075

Daytime Phone #