


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-23-2004 90335 001 \*\*\*300.00

<b>DOCUMENT # F99000004844</b>	
1. Entity Name <b>ARGO-TECH CORPORATION COSTA MESA</b>	

Principal Place of Business <b>671 WEST 17TH STREET COSTA MESA, CA 92627-3605</b>	Mailing Address <b>671 WEST 17TH STREET COSTA MESA, CA 92627-3605</b>
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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



02192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	

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
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	GM	TITLE	
NAME	MICHAEL, CHRIS	NAME	
STREET ADDRESS	671 WEST 17TH STREET	STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA, CA 92627	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	DEIBLER, KARL JR.	NAME	
STREET ADDRESS	671 WEST 17TH STREET	STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA, CA 926273605	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	KEEN, PAUL R	NAME	
STREET ADDRESS	23555 EUCLID AVENUE	STREET ADDRESS	
CITY-ST-ZIP	EUCLID, OH 44115	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	GLOVER, JOHN	NAME	
STREET ADDRESS	671 WEST 17TH STREET	STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA, CA 926273605	CITY-ST-ZIP	
TITLE	CD	TITLE	CD
NAME	LIPSCOMB, RICHARD S	NAME	Lipscomb, Michael S.
STREET ADDRESS	23555 EUCLID AVENUE	STREET ADDRESS	23555 Euclid Avenue
CITY-ST-ZIP	EUCLID, OH 44117	CITY-ST-ZIP	Euclid, Ohio 44117
TITLE	D	TITLE	
NAME	ST. CLAIR, FRANCES S	NAME	
STREET ADDRESS	23555 EUCLID AVENUE	STREET ADDRESS	
CITY-ST-ZIP	EUCLID, OH 44117	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: 	2-19-04	216-692-6075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #