


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P10287 (1)</b>					
1. Corporation Name <b>AMCAST INDUSTRIAL CORPORATION</b>					
Principal Place of Business <b>7887 WASHINGTON VILLAGE DRIVE DAYTONA OH 45459 US</b>			Mailing Address <b>7887 WASHINGTON VILLAGE DRIVE DAYTON OH 45459 US</b>		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>05/30/1986</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report <b>05/21/1996</b>	
City & State 23		City & State 28		4. FEI Number <b>31-0258080</b>	
Zip 24		Zip 29		Applied For Not Applicable	
Country 25		Country 30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <b>COB</b> <input type="checkbox"/> DELETE			1.2 NAME <b>C/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.3 STREET ADDRESS <b>LADEHOFF, LEO W</b>			1.4 CITY - ST - ZIP <b>Ladehoff, Leo W. Correction</b>		
1.4 CITY - ST - ZIP <b>7887 WASHINGTON VILLAGE DRIVE</b>			2.1 TITLE <b>7887 Washington Village Drive</b>		
2.1 TITLE <b>DAYTON OH</b>			2.2 NAME <b>Dayton, Ohio</b>		
2.2 NAME <b>VPF</b> <input type="checkbox"/> DELETE			2.3 STREET ADDRESS <b>V/Finance</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.3 STREET ADDRESS <b>WATTS, DOUGLAS D</b>			2.4 CITY - ST - ZIP <b>Watts, Douglas D. Correction</b>		
2.4 CITY - ST - ZIP <b>11354 TERWILLIGERS CIRCLE DRIVE</b>			3.1 TITLE <b>11354 Terwilligers Creek Drive</b>		
3.1 TITLE <b>CINCINNATI OH</b>			3.2 NAME <b>Cincinnati, Ohio 45249</b>		
3.2 NAME <b>S</b> <input type="checkbox"/> DELETE			3.3 STREET ADDRESS <b>V/S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.3 STREET ADDRESS <b>DALY, DENIS G.</b>			3.4 CITY - ST - ZIP <b>Daly, Denis G. Correction</b>		
3.4 CITY - ST - ZIP <b>8402 PREAKNESS LN.</b>			4.1 TITLE <b>8402 Preakness Lane</b>		
4.1 TITLE <b>CINCINNATI OH</b>			4.2 NAME <b>Cincinnati, Ohio</b>		
4.2 NAME <b>VPC</b> <input type="checkbox"/> DELETE			4.3 STREET ADDRESS <b>VPC</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.3 STREET ADDRESS <b>BOWN, WILLIAM L</b>			4.4 CITY - ST - ZIP <b>Bown, William L. Correction</b>		
4.4 CITY - ST - ZIP <b>440 WILD TIMBER LN</b>			5.1 TITLE <b>440 Wild Timber Lane</b>		
5.1 TITLE <b>KETTERING OH</b>			5.2 NAME <b>Dayton, Ohio 45429</b>		
5.2 NAME <b>HIGGINS, MICHAEL R</b>			5.3 STREET ADDRESS <b>Higgins, Michael R</b>		
5.3 STREET ADDRESS <b>1350 BRAINARD WOODS</b>			5.4 CITY - ST - ZIP <b>1350 Brainard Woods</b>		
5.4 CITY - ST - ZIP <b>CENTERVILLE OH</b>			6.1 TITLE <b>P/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE <b>PRES</b> <input type="checkbox"/> DELETE			6.2 NAME <b>Shuey, John H. Correction</b>		
6.2 NAME <b>SHUEY, JOHN H</b>			6.3 STREET ADDRESS <b>696 Uplands Camp Road</b>		
6.3 STREET ADDRESS <b>696 UPLANDS CAMP ROAD</b>			6.4 CITY - ST - ZIP <b>Dayton, Ohio (Also see Exhibit A attached)</b>		
6.4 CITY - ST - ZIP <b>KETTERING OH</b>					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Denise G. Daly, V.P. and Secretary**

(513) 291-7025

0627984

CR2E034 (9/96)

**Exhibit A**  
**List of Directors and Additional Officers**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	TITLE	VHUMAN RESOURCES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	COLLEVECHIO, ROBERT C.
STREET ADDRESS		STREET ADDRESS	7887 WASHINGTON VILLAGE DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	DAYTON, OH 45459
TITLE	<input type="checkbox"/> DELETE	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BAKER, JAMES K.
STREET ADDRESS		STREET ADDRESS	12044 WEST STATE ROAD 46
CITY-ST-ZIP		CITY-ST-ZIP	COLUMBUS, IN 47201
TITLE	<input type="checkbox"/> DELETE	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BLANKLEY, WALTER E.
STREET ADDRESS		STREET ADDRESS	1144 ST. FINEGAN
CITY-ST-ZIP		CITY-ST-ZIP	WEST CHESTER, PA 19382
TITLE	<input type="checkbox"/> DELETE	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	FORSTER, PETER H.
STREET ADDRESS		STREET ADDRESS	3840 STONEBRIDGE ROAD
CITY-ST-ZIP		CITY-ST-ZIP	DAYTON, OH 45419
TITLE	<input type="checkbox"/> DELETE	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	GORR, IVAN W.
STREET ADDRESS		STREET ADDRESS	1705 WINDSOR PLACE
CITY-ST-ZIP		CITY-ST-ZIP	FINDLAY, OH 45840
TITLE	<input type="checkbox"/> DELETE	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	O'LOUGHLIN, EARL T.
STREET ADDRESS		STREET ADDRESS	1226 TAWAS BEACH ROAD
CITY-ST-ZIP		CITY-ST-ZIP	EAST TAWAS, MI 49730
TITLE	<input type="checkbox"/> DELETE	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VAN SANT, R. WILLIAM
STREET ADDRESS		STREET ADDRESS	1288 FARM LANE
CITY-ST-ZIP		CITY-ST-ZIP	BERWYN, PA 19312
TITLE	<input type="checkbox"/> DELETE	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROTH, WILLIAM G.
STREET ADDRESS		STREET ADDRESS	336 SEA BREEZE DRIVE, HIDEAWAY BEACH
CITY-ST-ZIP		CITY-ST-ZIP	MARCO ISLAND, FL 34145