

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P10287** (1)

1. Corporation Name
AMCAST INDUSTRIAL CORPORATION

Principal Place of Business 7887 WASHINGTON VILLAGE DRIVE DAYTONA OH 45459 US	Mailing Address 7887 WASHING VILLAGE DRIVE DAYTON OH 45459 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 05/30/1986	
		4. FEI Number 31-0258080		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	C/P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LADEHOFF, LEO W			1.2 NAME	Shuey, John H.		
STREET ADDRESS	7887 WASHINGTON VILLAGE DRIVE			1.3 STREET ADDRESS	696 Uplands Camp Road		
CITY-ST-ZIP	DAYTON OH			1.4 CITY-ST-ZIP	Dayton, OH		
TITLE	VF	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATTS, DOUGLAS D			2.2 NAME			
STREET ADDRESS	11354 TERWILLINERS CIRCLE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH			2.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DALY, DENIS G.			3.2 NAME			
STREET ADDRESS	8402 PREAKNESS LN.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH			3.4 CITY-ST-ZIP			
TITLE	VPC	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWN, WILLIAM L			4.2 NAME			
STREET ADDRESS	440 WILD TIMBER LN			4.3 STREET ADDRESS			
CITY-ST-ZIP	KETTERING OH			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIGGINS, MICHAEL R			5.2 NAME			
STREET ADDRESS	1350 BRAINARD WOODS			5.3 STREET ADDRESS			
CITY-ST-ZIP	CENTERVILLE OH			5.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHUEY, JOHN H			6.2 NAME			
STREET ADDRESS	696 UPLANDS CAMP ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	KETTERING OH			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)