

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90132 001 ***150.00

DOCUMENT # **P10287**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1986

4. FEI Number

31-0258080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

FL

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

TITLE ☐ DELETE
NAME **CPD**
STREET ADDRESS **SHUEY, JOHN H**
CITY-ST-ZIP **696 UPLANDS CAMP ROAD**
DAYTON OH

TITLE ☐ DELETE
NAME **VF**
STREET ADDRESS **WATTS, DOUGLAS D**
CITY-ST-ZIP **11354 TERWILLIGERS CIRCLE DRIVE**
CINCINNATI OH

TITLE ☐ DELETE
NAME **VS**
STREET ADDRESS **DALY, DENIS G.**
CITY-ST-ZIP **8402 PREAKNESS LN.**
CINCINNATI OH

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **HIGGINS, MICHAEL R**
CITY-ST-ZIP **1350 BRAINARD WOODS**
CENTERVILLE OH

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SHUEY, JOHN H**
CITY-ST-ZIP **696 UPLANDS CAMP ROAD**
KETTERING OH

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **VF**
1.3 STREET ADDRESS **Watts, Douglas D.**
1.4 CITY-ST-ZIP **11354 Terwilligers Creek Drive**
Cincinnati, OH

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 (937) 291-7025
Date Daytime Phone #

CR2E034 (11/98)