

MAY 1ST IS \$550.00

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

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90028 013 ***158.75

DOCUMENT # P24213

1. Corporation Name

SIFCO INDUSTRIES, INC.

Principal Place of Business

**970 EAST 64 STREET
CLEVELAND OH 44103**

Mailing Address

**970 EAST 64 STREET
CLEVELAND OH 44103**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1989

4. FEI Number

34-0553950

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.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

28

Zip

Country

29

30

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 **CD** ☐ DELETE

NAME **SMITH, CHARLES H., JR.**
STREET ADDRESS **22500 MCCAULEY ROAD**
CITY-ST-ZIP **SHAKER HEIGHTS OH**

TITLE **PD** ☐ DELETE

NAME **GOTSCHALL, JEFFREY P.**
STREET ADDRESS **25 PINE RIVER**
CITY-ST-ZIP **BENTLEYVILLE OH**

TITLE **V** ☐ DELETE

NAME **DEMETTER, RICHARD A.**
STREET ADDRESS **23465 GREENWOOD LANE**
CITY-ST-ZIP **N. OLMSTED OH**

TITLE **S** ☐ DELETE

NAME **BABIN, MARA L.**
STREET ADDRESS **3982 WHITE OAK TRAIL**
CITY-ST-ZIP **ORANGE VILLAGE OH**

TITLE **TD** ☐ DELETE

NAME **SMITH, HUDSON D.**
STREET ADDRESS **15473 WENHAVEN DRIVE**
CITY-ST-ZIP **CHAGRIN FALLS OH**

TITLE **AS** ☐ DELETE

NAME **GOTSCHALL, GEORGE D.**
STREET ADDRESS **685-5 CHANDLER PATH**
CITY-ST-ZIP **AURORA OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY P. GOTSCHALL

Date

1/25/99

Daytime Phone #

(216) 881-8600

CR2E034 (1/198)