2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am **DOCUMENT # P24213** Secretary of State 1. Entity Name SIFCO INDUSTRIES, INC. 05-10-2001 90220 001 ***150.00 Principal Place of Business Mailing Address 970 EAST 64 STREET 970 EAST 64 STREET CO063556 CLEVELAND OH 44103 **CLEVELAND OH 44103** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 34-0553950 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE ☐ Delete NAME SMITH, CHARLES H., JR. NAME STREET 970 EAST 64 STREET ADDRESS STREET ADDRESS 4565 SOUTH LAKE DRIVE CITY-ST-ZIP CLEVELANA. 44103 CITY-ST-ZIP **BOYNTON BEACH FL 33436** TITLE ☐ Delete TITLE Change ☐ Addition NAME GOTSCHALL, JEFFREY P. NAME STREET 970 EAST 64 STREET ADDRESS STREET ADDRESS 25 PINE RIVER CLEINELAND. CITY-ST-ZIP CITY-ST-ZIP 44143 **CHAGRIN FALLS OH 44022** VISIT Change ☐ Addition TITLE ☐ Delete TITLE NAME _ CAPPELLO, FRANK NAME STRUCT 970 EAST 34230 ROSEWOOD TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 44103 WILLOUGHBY OH 44094 CLEVE LAND وتبرحم عددهد TITLE Delete Change Addition BELZINSKAS NAME Rizmicaljus Babin, Mara L. STREET STREET ADDRESS STREET ADDRESS PU TEAR OF P 28039 RED RAVEN CITY-ST-7IP CLEVELAND. CITY-ST-7IP CLEVELAND OH 44124 \overline{C} Change TITLE TD ☐ Delete TITLE ☐ Addition NAME SMITH, HUDSON D. NAME 37RG8T 970 TAST STREET ADDRESS STREET ADDRESS 22500 MCCAULEY ROAD 44163 CITY-ST-ZIP CITY-ST-ZIP SHAKER HEIGHTS OH 44122 CLUTUTUMA TITLE Delete TITLE ☐ Change ☐ Addition NAME GOTSCHALL, GEORGE D. NAME STREET ADDRESS STREET ADDRESS 7425 PELICAN BAY BLVD MARBELLA #606

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

NAPLES FL 34108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-11

216.432,6297

FILED

Daytime Phone