

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

FILED
Apr 24 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 # 805833 (1)
1. Corporation Name
SEQUA CORPORATION

Principal Place of Business THREE UNIVERSITY PLAZA HEICKENSACK, NJ. 07801	Mailing Address THREE UNIVERSITY PLAZA HEICKENSACK, NJ. 07801
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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
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9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1944	4. FEI Number 13-1885030	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 type="checkbox"/> Yes <input type="checkbox"/> No		

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	24 MORRIS LANE	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	SCARSDALE NY	2.1 TITLE	2.2 NAME
CITY - ST - ZIP		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	DRUCKER, KENNETH	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	36 OLD ORCHARD DRIVE	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	WESTON CT	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	KRINSKY, STUART Z.	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	1135 GREACEN PT. RD.	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	MAMARONECK NY	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	NAME		
NAME	GUTTERMAN, GERALD S.		
STREET ADDRESS	27 PONDFIELD PKWY.		
CITY - ST - ZIP	MT. VERNON NY		
TITLE	NAME		
NAME	ADLMAN, MONROE		
STREET ADDRESS	33 DANTE STREET		
CITY - ST - ZIP	LARCHMONT, NY.		
TITLE	NAME		
NAME	QUICKE, JOHN J		
STREET ADDRESS	11 STONY HOLLOW RD		
CITY - ST - ZIP	SLATE HILL NY		

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.

SIGNATURE: *Monroe Adelman* MONROE ADLMAN 3/17/98 (201) 343-1122

CR2E034 (10/97)