

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005130

1. Entity Name

CAN INDUSTRY PRODUCTS, INC.

Principal Place of Business

4150 BELDEN VILLAGE AVE.. N.W.  
CANTON OH 44718

Mailing Address

4150 BELDEN VILLAGE AVE.. N.W.  
CANTON OH 44718

2. Principal Place of Business

3. Mailing Address

C/O SEQUA CORP.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3 UNIVERSITY PLAZA

City & State

City & State

HACKENSACK NJ

Zip

Country

Zip

Country

07601

USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MCCLUNG, JAMES  
STREET ADDRESS 4150 BELDEN VILLAGE AVE., N.W.  
CITY-ST-ZIP CANTON OH 44718 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD  
NAME DRUCKER, KENNETH A  
STREET ADDRESS 200 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME ADLMAN, MONROE  
STREET ADDRESS 200 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10166 ☒ Delete

TITLE ASST. TAX OFFICER  
NAME MICHAEL BLICKENSDERFER  
STREET ADDRESS 3 UNIVERSITY PLAZA  
CITY-ST-ZIP HACKENSACK, NJ 07601 ☐ Change ☒ Addition

TITLE S  
NAME LOWSON, STEVEN R  
STREET ADDRESS 200 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME KRINSKY, STUART Z  
STREET ADDRESS 200 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD  
NAME QUICKE, JOHN J  
STREET ADDRESS 200 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

*Michael Blickensderfer* MICHAEL BLICKENSDEPFR

Date

Daytime Phone #

4/6/01 201-343-1182

CR2E034 (10/00)

0685973

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90544 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE