


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005130 1. Entity Name SEQUA CAN MACHINERY, INC.	
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Principal Place of Business 4150 BELDEN VILLAGE AVE., N.W. CANTON, OH 44718	Mailing Address C/O SEQUA CORP 3 UNIVERSITY PLAZA HACKENSACK, NJ 07601
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1753219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000124916
04/22/04-80063-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REALL, GEORGE 403 CENTRAL AVENUE EAST RUTHERFORD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DRUCKER, KENNETH A 200 PARK AVENUE NEW YORK, NY 10166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BLICKENS DERFER, MICHAEL 3 UNIVERSITY PLAZA HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUNT, DIANE C 200 PARK AVENUE NEW YORK, NY 10166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD QUICKE, JOHN J 200 PARK AVENUE NEW YORK, NY 10166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: Michael Blickensderfer VICE PRESIDENT TAX 04/22/04 201-343-1122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #