


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005130
 1. Entity Name
 SEQUA CAN MACHINERY, INC.



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



01182005 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 \$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

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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, 2005 Fee will be \$550.00

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

U00000222825
 02/10/05-80019-013 150.00

10. OFFICERS AND DIRECTORS

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

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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 empowered

SIGNATURE: Michael Blickensdefen VICE PRESIDENT, TAX 01/18/05 201-343-1182
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #