

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2012
Secretary of State

Entity Name: SEQUA CAN MACHINERY, INC.

Current Principal Place of Business:

C/O SEQUA CORPORATION, 300 BLAISDELL ROAD
ORANGEBURG, NY 10962

New Principal Place of Business:

Current Mailing Address:

C/O SEQUA CORP
300 BLAISDELL ROAD
ORANGEBURG, NY 10962

New Mailing Address:

FEI Number: 34-1753219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: COSTELLO, DONNA M PRES.
Address: 3000 BAYPORT DRIVE, SUITE 880
City-St-Zip: TAMPA, FL 33607 US

Title: VP&T
Name: LANGELOTTI, JAMES P VP&T
Address: 300 BLAISDELL ROAD
City-St-Zip: ORANGEBURG, NY 10962 US

Title: VP&S
Name: LOWSON, STEVEN R VP&S
Address: 300 BLAISDELL ROAD
City-St-Zip: ORANGEBURG, NY 10962 US

Title: VP
Name: BLICKENSDEFER, MICHAEL VP
Address: 300 BLAISDELL ROAD
City-St-Zip: ORANGEBURG, NY 10962 US

Title: AS
Name: TIERNEY, MICHAEL ASST. S
Address: 1310 PAPIN STREET
City-St-Zip: ST. LOUIS, MO 63103 US

Title: D
Name: LANGELOTTI, JAMES P
Address: 300 BLAISDELL ROAD
City-St-Zip: ORANGEBURG, NY 10962 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL BLICKENSDEFER

VP

04/04/2012

Electronic Signature of Signing Officer or Director

_____ Date