

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 805833

**Entity Name:** SEQUA CORPORATION**Current Principal Place of Business:**4100 RCA BLVD.,  
SUITE 100  
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4100 RCA BOULEVARD  
SUITE 100  
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 13-1885030**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title VICE PRESIDENT & TREASURER  
Name LANGELOTTI, JAMES P.  
Address 4100 RCA BLVD.  
SUITE 100  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title CHAIRMAN, CEO & PRESIDENT  
Name COSTA, BRIAN  
Address 4100 RCA BLVD.,  
SUITE 100  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name CHAPIN, ALEXANDER  
Address 9 WEST 57TH STREET  
32ND FLOOR  
City-State-Zip: NEW YORK FL 10019

Title VICE PRESIDENT, GENERAL  
COUNSEL & SECRETARY  
Name SANDERS, AMANDA  
Address 330 BLAISDELL ROAD  
ORANGEBURG  
City-State-Zip: NEW YORK NY 10962

Title CHIEF HUMAN RESOURCE OFFICER  
Name WACKETT, SADIE  
Address 4100 RCA BLVD.,  
SUITE 100  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name LONGOSZ, JAY  
Address 9 WEST 57TH STREET, 32ND FLR.  
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR  
Name EVANS, HUGH  
Address 9 WEST 57TH STREET  
32ND FLR  
City-State-Zip: NEW YORK NY 10019

Title CFO  
Name ANDERSON, SCOTT  
Address 4100 RCA BOULEVARD  
SUITE 100  
City-State-Zip: PALM BEACH GARDENS FL 33410

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*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:** RENEE SAPASHE**TAX OFFICER****04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TAX OFFICER
Name	SAPASHE, RENEE
Address	4100 RCA BOULEVARD SUITE 100
City-State-Zip:	PALM BEACH GARDENS FL 33410