

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

**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

Signature, typed or printed name of registered agent and title if applicable

(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

000000222825
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 BLICKENSDEYER, 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

**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 empowered

SIGNATURE:

Michael Blickensdeyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT, TAX 01/18/05 201-343-1182
Date Daytime Phone #