## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007496

Entity Name: CHROMALLOY GAS TURBINE LLC

FILED Apr 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4430 DIRECTOR DRIVE SAN ANTONIO, TX 78219 **Current Mailing Address: New Mailing Address:** C.O SEQUA CORPORATION 4430 DIRECTOR DRIVE SAN ANTONIO, TX 78219 300 BLAISDELL ROAD ORANGEBURG, NY 10962 FEI Number: 74-3462992 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition (X) Delete WEINSTEIN, MARTIN Name: Name: SEQUA CORPORATION, 200 PARK AVENUE Address: Address: City-St-Zip: NEW YORK, NY 10166 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition BINDER, KENNETH J Name: LAUZON, ARMAND F Name: Address: SEQUA CORPORATION, 200 PARK AVENUE Address: SEQUA CORPORATION, 200 PARK AVENUE City-St-Zip: NEW YORK, NY 10166 City-St-Zip: NEW YORK, NY 10166 Title: () Delete Title: MGRM ( ) Change (X) Addition HOWARD, PETER Name: Name: 330 BLAISDELL ROAD Address: Address: City-St-Zip: City-St-Zip: ORANGEBURG, NY 10962 Title: () Delete Title: MGRM ( ) Change (X) Addition Name: Name: HENDERSON, NEIL Address: Address: 4430 DIRECTOR DRIVE City-St-Zip: City-St-Zip: SAN ANTONIO, TX 78219 Title: () Delete Title: MGRM ( ) Change (X) Addition JOHNSON, BRUCE Name: Name: 4430 DIRECTOR DRIVE Address: Address: City-St-Zip: City-St-Zip: SAN ANTONIO, TX 78219 Title: () Delete Title: ( ) Change (X) Addition BLICKENSDERFER, MICHAEL Name: Name: Address: Address: 300 BLAISDELL ROAD ORANGEBURG, NY 10962 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL BLICKENSDERFER VP 04/14/2009