

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007496

FILED
Apr 04, 2012
Secretary of State

Entity Name: CHROMALLOY GAS TURBINE LLC

Current Principal Place of Business:

300 BLAISDELL ROAD
ORANGEBURG, NY 10962

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O SEQUA CORPORATION
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:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LAUZON, ARMAND F
Address: SEQUA CORP., 3000 BAYPORT DR., SUITE 880
City-St-Zip: TAMPA, FL 33607

Title: MGRM
Name: COSTELLO, DONNA M
Address: SEQUA CORP., 3000 BAYPORT DR., SUITE 880
City-St-Zip: TAMPA, FL 33607

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

Title: MGR
Name: BLICKENSDETFER, MICHAEL
Address: 300 BLAISDELL ROAD
City-St-Zip: ORANGEBURG, NY 10962

Title: MGR
Name: LOWSON, STEVEN R
Address: 300 BLAISDELL ROAD
City-St-Zip: ORANGEBURG, NY 10962

Title: MGR
Name: SANDERS, AMANDA
Address: 330 BLAISDELL ROAD
City-St-Zip: ORANGEBURG, NY 10962

I hereby 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 BLICKENSDETFER

VP

04/04/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date