

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12615 (1)

1. Corporation Name

CHROMALLOY AMERICAN CORPORATION



Principal Place of Business

Mailing Address

% SEQUA CORP.
3 UNIVERSITY PLAZA
HACKENSACK NJ 07601-6208

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3 UNIVERSITY PLAZA
HACKENSACK NJ 07601-6208

3. Date Incorporated or Qualified 12/19/1986	3a. Date of Last Report 04/25/1995
4. FEI Number 13-3382527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, NORMAN E.	1.2 NAME	
STREET ADDRESS	24 MORRIS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLMAN, MONROE	2.2 NAME	
STREET ADDRESS	33 DANTE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARCHMONT, NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRINSKY, STUART Z.	3.2 NAME	
STREET ADDRESS	1135 GREACON PT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAMARONECK NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTTERMAN, GERALD S.	4.2 NAME	
STREET ADDRESS	27 PONDFIELD PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MT. VERNON NY	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLING, JOHN J.	5.2 NAME	
STREET ADDRESS	8557 COLONIAL LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LADUE MO	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKER, KENNETH	6.2 NAME	
STREET ADDRESS	200 PARK AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONROE ADLMAN

4/4/96 6202343-1122

CR2E034 (12/95)