

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90095 037 ***150.00

DOCUMENT # P12615

1. Corporation Name
CHROMALLOY AMERICAN CORPORATION

Principal Place of Business
% SEQUA CORP.
3 UNIVERSITY PLAZA
HACKENSACK NJ 07601-6208

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1986

4. FEI Number

13-3382527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☒ DELETE
NAME ALEXANDER, NORMAN E.
STREET ADDRESS 24 MORRIS LANE
CITY-ST-ZIP SCARSDALE NY

1.1 TITLE ASSISTANT TAX OFFICER ☐ Change ☒ Addition
1.2 NAME MICHAEL BLICKENSDECKER
1.3 STREET ADDRESS 3 UNIVERSITY PLAZA
1.4 CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE VP ☐ DELETE
NAME ADLMAN, MONROE
STREET ADDRESS 33 DANTE ST.
CITY-ST-ZIP LARCHMONT, NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME KRINSKY, STUART Z.
STREET ADDRESS 1135 GREACON PT RD
CITY-ST-ZIP MAMARONECK NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME GUTTERMAN, GERALD S.
STREET ADDRESS 27 PONDFIELD PKWY
CITY-ST-ZIP MT. VERNON NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VS ☐ DELETE
NAME DOWLING, JOHN J.
STREET ADDRESS 8557 COLONIAL LANE
CITY-ST-ZIP LADIE MO

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME DRUCKER, KENNETH
STREET ADDRESS 200 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Michael Blickensderfer MICHAEL BLICKENSDECKER 3/19/99 (201) 343-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)