

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12615

1. Entity Name

CHROMALLOY AMERICAN CORPORATION

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90057 033 ***150.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3382527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ASO ☐ Delete
NAME BLICKENSDEFFER, MICHAEL
STREET ADDRESS 3 UNIVERSITY PLAZA
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME ADLMAN, MONROE
STREET ADDRESS 33 DANTE ST.
CITY-ST-ZIP LARCHMONT, NT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS JOHN J. QUICKE
CITY-ST-ZIP 11 STONY HOLLOW RD
SLATE HILL, NY 10973

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

MICHAEL BLICKENSDEFFER

3/15/00
Date

201-343-1122
Daytime Phone #

CR2E034 (9/99)