

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90544 022 ***150.00

0573791

DOCUMENT # P12615

1. Entity Name
CHROMALLOY AMERICAN CORPORATION

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-3382527**

Applied For
 Not Applicable

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, 2001 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 **BLICKENSBERGER, MICHAEL**
 STREET ADDRESS **3 UNIVERSITY PLAZA**
 CITY-ST-ZIP **HACKENSACK NJ 07601**

TITLE **ASST. TAX OFFICER** ☒ 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 **P** ☐ Delete
 NAME **QUICKE, JOHN J.**
 STREET ADDRESS **11 STONY HOLLOW RD**
 CITY-ST-ZIP **SLATE HILL NY 10973**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Blickensberger **MICHAEL BLICKENSBERGER**

Date

4-6-01

Daytime Phone #

201-343-1122

CR2E034 (10/00)