

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 # P14973 (2)

1. Corporation Name

CHROMALLOY GAS TURBINE CORPORATION



Principal Place of Business

Mailing Address

% SEQUA CORP.  
3 UNIVERSITY PLAZA  
HACKENSACK NJ 07601

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3 UNIVERSITY PLAZA  
HACKENSACK NJ 07601

3. Date Incorporated or Qualified  
06/25/1987

3a. Date of Last Report  
06/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

74-2462992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

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

D

☐ DELETE

NAME

ALEXANDER, NORMAN

STREET ADDRESS

200 PARK AVE

CITY-ST-ZIP

NEW YORK NY

TITLE

CDP

☐ DELETE

NAME

WEINSTEIN, MARTIN

STREET ADDRESS

4430 DIRECTOR DRIVE

CITY-ST-ZIP

SAN ANTONIO TX

TITLE

VD

☐ DELETE

NAME

GUTTERMAN, GERALD S.

STREET ADDRESS

200 PARK AVENUE

CITY-ST-ZIP

NEW YORK NY

TITLE

S

☐ DELETE

NAME

DOWLING, JOHN J. III

STREET ADDRESS

120 SOUTH CENTRAL AVE

CITY-ST-ZIP

ST. LOUIS MO

TITLE

T

☐ DELETE

NAME

DRUCKER, KENNETH A.

STREET ADDRESS

200 PARK AVENUE

CITY-ST-ZIP

NEW YORK NY

TITLE

V

☐ DELETE

NAME

ADLMAN, MONROE

STREET ADDRESS

200 PARK AVENUE

CITY-ST-ZIP

NEW YORK NY

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Monroe Adlman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MONROE ADLMAN*  
VICE PRES

*4/27/96 (201) 343-1122*  
Date Daytime Phone

CR2E034 (12/95)