FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26426** **(7)**

1. Corporation Name

CHROMALLOY CASTINGS MIAMI CORPORATION

Principal Place of Business	Mailing Address
% SEQUA CORP HACKENSACK NJ 19801 US	% SEQUA CORP HACKENSACK NJ 19801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1989
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: c/o Sequa Corp
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26: c/o Sequa Corp
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 65-0152141 ☐ 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

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	WEINSTEIN, MARTIN	12 NAME		
STREET ADDRESS	4430 DIRECTOR DRIVE	13 STREET ADDRESS		
CITY ST ZIP	SAN ANTONIO TX	14 CITY ST ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	WENDT, THOMAS	22 NAME		
STREET ADDRESS	4701 NW 77TH AVE	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE	EXEC. V.P.	☑ Change ☑ Addition
NAME	~~BROWN, ROBERT~~	32 NAME	KENNETH BINDER	
STREET ADDRESS	~~4430 DIRECTOR DRIVE~~	33 STREET ADDRESS	4430 DIRECTOR DRIVE	
CITY ST ZIP	~~SAN ANTONIO TX~~	34 CITY ST ZIP	SAN ANTONIO, TX 78219	
TITLE	V	41 TITLE	V.P. & TREAS.	☑ Change ☑ Addition
NAME	~~KRINSLY, STUART Z.~~	42 NAME	KENNETH A. DRUCKER	
STREET ADDRESS	~~200 PARK AVENUE~~	43 STREET ADDRESS	200 PARK AVE	
CITY ST ZIP	~~NEW YORK NY~~	44 CITY ST ZIP	NEW YORK, NY 10166	
TITLE	T	51 TITLE	VICE PRES., TAX	☑ Change ☐ Addition
NAME	ADLMAN, MONROE	52 NAME		
STREET ADDRESS	200 PARK AVE.	53 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP		
TITLE	VS	61 TITLE		☐ Change ☐ Addition
NAME	DOWLING, JOHN J., III	62 NAME		
STREET ADDRESS	120 SOUTH CENTRAL AVE.	63 STREET ADDRESS		
CITY ST ZIP	ST. LOUIS MO	64 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)(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.

SIGNATURE: Monroe Adlman MONROE ADLMAN 3-20-95 201-345-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0474300 FP