## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P26426** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name CHROMALLOY CASTINGS MIAM! CORPORATION 04-12-2000 90018 006 \*\*\*150.00 Principal Place of Business Mailing Address C/O SEQUA CORP C/O SEQUA CORP HACKENSACK NJ 07601 HACKENSACK NJ 07601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0152141 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent-Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. 160 20.11h Let \_ F 1-0 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD ☐ Change Addition TITLE TITLE □ Delete WEINSTEIN, MARTIN NAME MAME STREET ADDRESS 4430 DIRECTOR DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX OFFICER ASST. TAX Change Addition 🔀 Delete TITLE TITLE MICHAEL BLICKENSDERFER. WENDT, THOMAS NAME UNIVERSAY PLAZA STREET ADDRESS STREET ADDRESS 4701 NW 17TH AVE NV 07601 HACKENSACK. CITY-ST-ZIP MIAMI FL CITY-ST-ZIP **⊠** Change PRESIDENT ☐ Addition TITLE ☐ Delete BINDER, KENNETH NAME STREET ADDRESS STREET ADDRESS 4430 DIRECTOR DRIVE CITY-ST-ZIP CITY-ST-ZIP san antonio tx Change Addition TITLE ☐ Delete TITLE DRUCKER, KENNETH A. NAME NAME STREET ADDRESS STREET ADDRESS 200 PARK AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** VICE BESIDENT +11557-5ECT Delete TITLE ☐ Addition TITLE ADLMAN, MONROE NAME NAME STREET ADDRESS STREET ADDRESS 200 PARK AVE. CITY-ST-ZIP CITY-ST-ZIE **NEW YORK NY** ☐ Change Addition ☐ Delete TITLE TITLE DOWLING, JOHN J., III NAME NAME STREET ADDRESS STREET ADDRESS 120 SOUTH CENTRAL AVE. CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO

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. MICHAEL BUKKENSDERFER

IGNATURE AND TYPED OR PRINTED WALLE OF SIGNING OFFICER OR D