


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P26426	
1. Entity Name CHROMALLOY CASTINGS MIAMI CORPORATION	

Principal Place of Business C/O SEQUA CORP HACKENSACK, NJ 07601 US	Mailing Address C/O SEQUA CORP HACKENSACK, NJ 07601 US
--	--

DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0152141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, MARTIN 4430 DIRECTOR DRIVE SAN ANTONIO, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BLIVKENS DERFER, MICHAEL 3 UNIVERSITY PLAZA HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DRUCKER, KENNETH A. 200 PARK AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOWLING, JOHN J., III 120 SOUTH CENTRAL AVE. ST. LOUIS, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, CHRIS 4430 DIRECTOR DRIVE SAN ANTONIO, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000120960
04/20/04-80030-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Michael Blivkens Derfer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04107104 V.P. TAXES MICHAEL BLIVKENS DERFER Date	801-343-1122 Daytime Phone #
---	--	---------------------------------