

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2005 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**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0152141

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

U000000217356
02/07/05-80022-001 150.00

**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)(f), 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: Michael Blivkens Derfer VICE PRESIDENT, TAX 01/18/05 801-343-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #