2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# P26427

Entity Name: CHROMALLOY CASTINGS TAMPA CORPORATION

Current Principal Place of Business:

C/O SEQUA CORP
3 UNIVERSITY PLAZA
HACKENSACK, NJ 07601 US

New Principal Place of Business:

Current Mailing Address:

C/O SEQUA CORP
3 UNIVERSITY PLAZA
HACKENSACK, NJ 07601 US

New Mailing Address:

FEI Number: 59-2974441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEINSTEIN, MARTIN,
Address: 200 PARK AVENUE
City-St-Zip: NEW YORK, NY 10166

Title: VP ( ) Delete
Name: DOWLING III, JOHN J
Address: 120 SOUTH CENTRAL AVENUE
City-St-Zip: ST. LOUIS, MO

Title: P ( ) Delete
Name: RICHARDSON, CHRIS
Address: 4430 DIRECTOR DRIVE
City-St-Zip: SAN ANTONIO, TX 78219

Title: VPT ( ) Delete
Name: BLICKENSDERFER, MICHAEL
Address: 3 UNIVERSITY PLAZA
City-St-Zip: HACKENSACK, NJ 07660

Title: VPT (X) Delete
Name: DRUCKER, KENNETH A
Address: 200 PARK AVENUE
City-St-Zip: NEW YORK, NY 10166

Title: VPS (X) Delete
Name: GELFMAN, PETER
Address: 200 PARK AVENUE
City-St-Zip: NEW YORK, NY 10166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WEINSTEIN, MARTIN
Address: 200 PARK AVENUE
City-St-Zip: NEW YORK, NY 10166

Title: VP (X) Change ( ) Addition
Name: DOWLING III, JOHN J
Address: 200 PARK AVENUE
City-St-Zip: NEW YORK, NY 10166

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BLICKENSDERFER VPT 02/06/2007

Electronic Signature of Signing Officer or Director Date