

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30205 (9)**

1. Corporation Name  
**SEQUA FINANCIAL CORPORATION**



Principal Place of Business <b>C/O SEQUA                  3 UNIVERSITY PLAZA                  HACKENSACK NJ 07601</b>	Mailing Address <b>C/O SEQUA                  3 UNIVERSITY PLAZA                  HACKENSACK NJ 07601</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	29 Country
25 Country	30 Zip

3. Date Incorporated or Qualified <b>07/17/1990</b>	
4. FEI Number <b>13-3424162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0602 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>ASSISTANT TAX OFFICER</b>
NAME	<b>QUICKE, JOHN J.</b>	1.2 NAME	<b>MICHAEL SLICKENS DER PER</b>
STREET ADDRESS	<b>200 PARK AVE</b>	1.3 STREET ADDRESS	<b>3 UNIVERSITY PLAZA</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	<b>HACKENSACK, NJ 07601</b>
TITLE	<b>V</b>	2.1 TITLE	
NAME	<b>WOOLARD, ALAN J</b>	2.2 NAME	
STREET ADDRESS	<b>200 PARK AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	3.1 TITLE	
NAME	<b>KADE, JENNY S.</b>	3.2 NAME	
STREET ADDRESS	<b>200 PARK AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	4.1 TITLE	
NAME	<b>ADLMAN, MONROE</b>	4.2 NAME	
STREET ADDRESS	<b>200 PARK AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	
NAME	<b>DRUCKER, KENNETH A</b>	5.2 NAME	
STREET ADDRESS	<b>200 PARK AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b>	6.1 TITLE	
NAME	<b>HARMON, ELLEN T</b>	6.2 NAME	
STREET ADDRESS	<b>200 PARK AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	6.4 CITY-ST-ZIP	

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14. 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 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 *Michael Slickens Der Per* DATE *4/22/98*

CR2E034 (10/97)