

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30205

1. Entity Name

SEQUA FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

C/O SEQUA
3 UNIVERSITY PLAZA
HACKENSACK NJ 07601

C/O SEQUA
3 UNIVERSITY PLAZA
HACKENSACK NJ 07601-6208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3424162

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE *NEW ADJUTANT*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME QUICKE, JOHN J.
STREET ADDRESS 200 PARK AVE
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE V
NAME WOOLARD, ALAN J
STREET ADDRESS 200 PARK AVE
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE AT
NAME BLICKENSDEFFER, MICHAEL
STREET ADDRESS UNIVERSITY PLAZA
CITY-ST-ZIP HACKENSACK NJ 07601 ☐ Delete

TITLE AS
NAME ADLMAN, MONROE
STREET ADDRESS 200 PARK AVENUE
CITY-ST-ZIP NEW YORK NY ☒ Delete

TITLE T
NAME DRUCKER, KENNETH A
STREET ADDRESS 200 PARK AVE
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE S
NAME HARMON, ELLEN T
STREET ADDRESS 200 PARK AVE
CITY-ST-ZIP NEW YORK NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SECRETARY
NAME JOHN J. DOWLING III
STREET ADDRESS 1310 PAPA ST.
CITY-ST-ZIP ST. LOUIS, MO 63114 ☒ Change ☐ Addition

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.

SIGNATURE:

Michael Blickensderfer MICHAEL BLICKENSDEFFER

3/24/00

201-343-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/00)