

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P30205

1. Entity Name
 SEQUA FINANCIAL CORPORATION



Principal Place of Business
 C/O SEQUA
 3 UNIVERSITY PLAZA
 HACKENSACK, NJ 07601

Mailing Address
 C/O SEQUA
 3 UNIVERSITY PLAZA
 HACKENSACK, NJ 07601



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-3424162 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000129717
 04/26/04-80080-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUICKE, JOHN J. 200 PARK AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WOOLARD, ALAN J 200 PARK AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BLICKENSBERGER, MICHAEL UNIVERSITY PLAZA HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRUCKER, KENNETH A 200 PARK AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWLING, JOHN J III 1310 PAPIN STREET SAINT LOUIS, MO 63116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Michael Blickensberger* VICE PRESIDENT, FAX 04105704 901-343-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #