


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 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**



01182005 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: _____ (NOTE: Registered Agent signature required when reinstating) 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

000000222828
02/10/05 80013 016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUICKE, JOHN J.
STREET ADDRESS	200 PARK AVE
CITY-ST-ZIP	NEW YORK, NY
TITLE	SVP
NAME	WOOLARD, ALAN J
STREET ADDRESS	200 PARK AVE
CITY-ST-ZIP	NEW YORK, NY
TITLE	VPT
NAME	BLICKENSBERGER, MICHAEL
STREET ADDRESS	UNIVERSITY PLAZA
CITY-ST-ZIP	HACKENSACK, NJ 07601
TITLE	T
NAME	DRUCKER, KENNETH A
STREET ADDRESS	200 PARK AVE
CITY-ST-ZIP	NEW YORK, NY
TITLE	S
NAME	DOWLING, JOHN J III
STREET ADDRESS	1310 PAPIN STREET
CITY-ST-ZIP	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/Tax 01/18/05 021-313-1122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #