

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30205

FILED
Jan 19, 2007
Secretary of State

Entity Name: SEQUA FINANCIAL CORPORATION

Current Principal Place of Business:

C/O SEQUA
3 UNIVERSITY PLAZA
HACKENSACK, NJ 07601

New Principal Place of Business:

Current Mailing Address:

C/O SEQUA
3 UNIVERSITY PLAZA
HACKENSACK, NJ 07601

New Mailing Address:

FEI Number: 13-3424162 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 AVE
City-St-Zip: NEW YORK, NY 10166

Title: SVP () Delete
Name: WOOLARD, ALAN J
Address: 200 PARK AVE
City-St-Zip: NEW YORK, NY 10166

Title: VPT () Delete
Name: BLICKENSDEFER, MICHAEL
Address: 3 UNIVERSITY PLAZA
City-St-Zip: HACKENSACK, NJ 07601

Title: VP&T () Delete
Name: DRUCKER, KENNETH A
Address: 200 PARK AVE
City-St-Zip: NEW YORK, NY 10166

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 BLICKENSDEFER

VPT

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date