


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90003 040 ***150.00

DOCUMENT # F02000001289

1. Entity Name
 EINHORN YAFFEE PRESCOTT, ARCHITECTURE & ENGINEERING, P.C.



Principal Place of Business: ARGUS BLDG., BROADWAY AT BEAVER, P.O. BOX 617, ALBANY, NY 12201

Mailing Address: P.O. BOX 617 (FINANCE), ALBANY, NY 12201-0617

54025811



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number: 14-1830504 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 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. 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

10. OFFICERS AND DIRECTORS	
TITLE: PD <input type="checkbox"/> Delete	NAME: STEPHENS, CAHAL
STREET ADDRESS: 24 SCHOOL STREET	CITY-ST-ZIP: BOSTON, MA 02108
TITLE: VD <input type="checkbox"/> Delete	NAME: WONG, ANDREW
STREET ADDRESS: 440 PARK AVENUE SOUTH	CITY-ST-ZIP: NEW YORK, NY 10016
TITLE: SD <input type="checkbox"/> Delete	NAME: BIRDSEY, TOM D
STREET ADDRESS: BROADWAY AT BEAVER, P.O. BOX 617	CITY-ST-ZIP: ALBANY, NY 122010617
TITLE: D <input type="checkbox"/> Delete	NAME: KIRBY, CHARLES J
STREET ADDRESS: 24 SCHOOL STREET	CITY-ST-ZIP: BOSTON, MA 02108
TITLE: D <input type="checkbox"/> Delete	NAME: ENNIS, MARIE T
STREET ADDRESS: 440 PARK AVENUE SOUTH	CITY-ST-ZIP: NEW YORK, NY 10016
TITLE: D <input type="checkbox"/> Delete	NAME: GIFFORD, RALPH S
STREET ADDRESS: 24 SCHOOL STREET	CITY-ST-ZIP: BOSTON, MA 02108

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

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 address, with all other like empowered.

SIGNATURE:  Tom D. Birdsey 03/29/2004 518-431-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc. # F02000001289
54025811

Florida Document # F02000001289

Section 11. Additions/Changes to Officers and Directors in 10.

Addition:

Title: D

Name: John Pocerobba

Street Address: 412 Broadway

City-ST-Zip: Albany, NY 12207