


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90046 047 ***150.00

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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



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country

03212005 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, 2005 Fee will be \$550.00

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

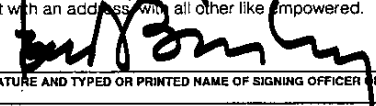
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEPHENS, CAHAL	
STREET ADDRESS	24 SCHOOL STREET	
CITY-ST-ZIP	BOSTON, MA 02108	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WONG, ANDREW	
STREET ADDRESS	440 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	VSD	<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 checked="" type="checkbox"/> Delete
NAME	ENNIS, MARIE T	
STREET ADDRESS	440 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	VD	<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		<input 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pocorobba, John	
STREET ADDRESS	Broadway at Beaver, P.O. Box 617	
CITY-ST-ZIP	Albany, NY 12201-0617	
TITLE		<input 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 an address with all other like empowered.

SIGNATURE:  DATE: 3/22/05 DAYTIME PHONE #: (518) 431-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR