

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001289

FILED
Apr 23, 2008
Secretary of State

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

Current Principal Place of Business:

ARGUS BLDG., BROADWAY AT BEAVER
P.O. BOX 617
ALBANY, NY 12201

New Principal Place of Business:

ARGUS BLDG., BROADWAY AT BEAVER
ALBANY, NY 12207

Current Mailing Address:

P.O. BOX 617 (FINANCE)
ALBANY, NY 122010617

New Mailing Address:

FEI Number: 14-1830504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: STEPHENS, CAHAL
Address: 24 SCHOOL STREET
City-St-Zip: BOSTON, MA 02108

Title: VTD () Delete
Name: WONG, ANDREW
Address: 37 W 28TH ST., 5TH FLR
City-St-Zip: NEW YORK, NY 10001

Title: PD () Delete
Name: BIRDSEY, TOM D
Address: BROADWAY AT BEAVER, P.O. BOX 617
City-St-Zip: ALBANY, NY 122010617

Title: D () Delete
Name: KIRBY, CHARLES J
Address: 37 W. 28TH ST. 5TH FL
City-St-Zip: BOSTON, MA 02108

Title: VDS () Delete
Name: POCOROBBA, JOHN
Address: BROADWAY AT BEAVER, P.O. BOX 617
City-St-Zip: ALBANY, NY 122010617

Title: VD () Delete
Name: OTTAVID, PETER D
Address: 412 BROADWAY
City-St-Zip: ALBANY, NY 12207

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY N. BURDITT

CFO

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date