

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003618 (4)
1. Corporation Name
THE AYCO CHARITABLE FOUNDATION CORPORATION



Principal Place of Business: 1 WALL ST ALBANY NY 12205
Mailing Address: 1 WALL ST ALBANY NY 12205

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/27/1995	
22. Suite, Apt #, etc		27. Suite, Apt #, etc		4. FEI Number	Applied For
23. City & State		28. City & State		14-1782466	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Print Name of Registered Agent and Date Applied for) (Print Name of Agent Signature and Date Registered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARNI, VINCENT	1.2 NAME	
STREET ADDRESS	1 PPG PL	1.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA 15272	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, PAUL	2.2 NAME	
STREET ADDRESS	425 6TH AVE, ALCOA BLDG	2.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA 15219	2.4 CITY - ST - ZIP	
TITLE	DCP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMERLING, BARRY	3.2 NAME	
STREET ADDRESS	12 CATHEDRAL CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLIFTON PARK NY 12065	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, PETER R	4.2 NAME	
STREET ADDRESS	28 WEXFORD RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELMAR NY 12054	4.4 CITY - ST - ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHN J III	5.2 NAME	
STREET ADDRESS	29 SCHUYLER HILLS RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LONDONVILLE NY 12211	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNGOWSKI, LARRY	6.2 NAME	
STREET ADDRESS	20 DALLEYWOOD DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	GLENVILLE NY 12302	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BARRY HAMERLING
Date: 6/14/96
Office Phone: 518 467 2000
Home Phone: 518 517 196

CR2E034 (3/96)