FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # F95000003618 (4)
1. Corporation Name

THE AYCO CHARITABLE FOUNDATION CORPORATION

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

3. Date Incorporated or Qualified
07/27/1995

4. FEI Number **14-1782466**	Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D ☐ DELETE NAME SARNI, VINCENT STREET ADDRESS 1 PPG PL CITY-ST-ZIP PITTSBURGH PA 15272	1.1 TITLE V 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	HEERWAGEN, PETER 4 FENWAY COURT LOUDONVILLE NY 12211 ☐ Change ☒ Addition
TITLE D ☐ DELETE NAME O'NEILL, PAUL STREET ADDRESS 425 6TH AVE, ALCOA BLDG CITY-ST-ZIP PITTSBURGH PA 15219	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DCP ☐ DELETE NAME HAMERLING, BARRY STREET ADDRESS 12 CATHEDRAL CT CITY-ST-ZIP CLIFTON PARK NY 12065	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VS ☐ DELETE NAME MARTIN, PETER R STREET ADDRESS 28 WEXFORD RD CITY-ST-ZIP DELMAR NY 12054	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VT ☐ DELETE NAME COLLINS, JOHN J III STREET ADDRESS 29 SCHUYLER HILLS RD CITY-ST-ZIP LONDONVILLE NY 12211	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V ☐ DELETE NAME WYNGOWSKI, LARRY STREET ADDRESS 20 DALLEYWOOD DR CITY-ST-ZIP GLENVILLE NY 12302	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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 REQUIRED_   1/6/98   518-464-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #