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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000003618

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

TITLE  
NAME D  
SARNI, VINCENT  
STREET ADDRESS 1 PPG PL  
CITY-ST-ZIP PITTSBURGH PA 15272

TITLE  
NAME D  
O'NEILL, PAUL  
STREET ADDRESS 425 6TH AVE, ALCOA BLDG  
CITY-ST-ZIP PITTSBURGH PA 15219

TITLE  
NAME DCP  
HAMERLING, BARRY  
STREET ADDRESS 12 CATHEDRAL CT  
CITY-ST-ZIP CLIFTON PARK NY 12065

TITLE  
NAME VS  
MARTIN, PETER R  
STREET ADDRESS 28 WEXFORD RD  
CITY-ST-ZIP DELMAR NY 12054

TITLE  
NAME VT  
COLLINS, JOHN J III  
STREET ADDRESS 29 SCHUYLER HILLS RD  
CITY-ST-ZIP LONDONVILLE NY 12211

TITLE  
NAME V  
WYNGOWSKI, LARRY  
STREET ADDRESS 20 DALLEYWOOD DR  
CITY-ST-ZIP GLENVILLE NY 12302

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99

Date

518 464 2400

Daytime Phone #

CR2E037 (11/98)