

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003618

1. Entity Name

THE AYCO CHARITABLE FOUNDATION CORPORATION

Principal Place of Business

Mailing Address

1 WALL ST  
ALBANY NY 12205

1 WALL ST  
ALBANY NY 12205-3827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1782466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 617, 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90015 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)