

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90096 036 ****61.25

DOCUMENT # F95000003618

1. Entity Name

THE AYCO CHARITABLE FOUNDATION CORPORATION

Principal Place of Business

Mailing Address

**1 WALL ST
 ALBANY NY 12205**

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 ALBANY NY 12205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1782466

Applied For

Not Applicable

Zip

Country

Zip

Country

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	D	<input type="checkbox"/> Delete
NAME	SARNI, VINCENT	
STREET ADDRESS	1 PPG PL	
CITY-ST-ZIP	PITTSBURGH PA 15272	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'NEILL, PAUL	
STREET ADDRESS	425 6TH AVE, ALCOA BLDG	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	HAMERLING, BARRY	
STREET ADDRESS	12 CATHEDRAL CT	
CITY-ST-ZIP	CLIFTON PARK NY 12065	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARTIN, PETER R	
STREET ADDRESS	28 WEXFORD RD	
CITY-ST-ZIP	DELMAR NY 12054	
TITLE	VT	<input type="checkbox"/> Delete
NAME	COLLINS, JOHN J III	
STREET ADDRESS	29 SCHUYLER HILLS RD	
CITY-ST-ZIP	LONDONVILLE NY 12211	
TITLE	V	<input type="checkbox"/> Delete
NAME	WYNGOWSKI, LARRY	
STREET ADDRESS	20 DALLEYWOOD DR	
CITY-ST-ZIP	GLENVILLE NY 12302	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Howard L. Clark Jr.		
STREET ADDRESS	Behman Bros. 3 World Financial Center Ny, Ny 10285		
CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Anthony DePaula		
STREET ADDRESS	DePaula Chevrolet 781 Central Ave Albany Ny 12206		
CITY-ST-ZIP			
TITLE	DCP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Barry Hamerling		
STREET ADDRESS	478 Citation Club Dr. Apt. 106 Delray Beach FL 33455		
CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Peter Heerwagen		
STREET ADDRESS	4 Fenway Court Loudonville Ny 12211		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 518 464-2400

CR2E037 (9/01)