

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000003618

**Entity Name:** THE AYCO CHARITABLE FOUNDATION CORPORATION**Current Principal Place of Business:**100 COLISEUM DRIVE  
COHOES, NY 12047**Current Mailing Address:**310 WEST 20TH STREET  
SUITE 300  
KANSAS CITY, MO 64108**FEI Number:** 14-1782466**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MASTRIANI, JOHN P.  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title DIRECTOR  
Name CAVOLI, MAE A.  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title DIRECTOR  
Name GOLUB, DAVID  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title VP  
Name DESILVA, BRIAN  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title VP  
Name JAQUEZ, STEPHANIE  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title SECRETARY  
Name GOLD, DARRYL  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title ASST. TREASURER  
Name SHEINMAN, KENNETH  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title ASST. TREASURER  
Name O'KEEFE, CHRISTOPHER  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARRYL GOLD**SECRETARY****04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KATZ, ROBERT  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title DIRECTOR  
Name STECHER, ESTA  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title PRESIDENT  
Name DYE, KAREY  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title VP  
Name CORSON, TIMOTHY  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title ASST. TREASURER  
Name MORIN, THOMAS  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title DIRECTOR  
Name LEONE, DEBORAH  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title DIRECTOR  
Name TAYLOR, MEGAN  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title DIRECTOR  
Name GOLDENBERG, JEFFREY  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047

Title TREASURER  
Name ST. JOHN, EMMETT  
Address 100 COLISEUM DRIVE  
City-State-Zip: COHOES NY 12047