

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 823642

1. Entity Name
RADIO CORPORATION OF AMERICA



Principal Place of Business
P.O. BOX 2216
SCHENECTADY, NY 12301-2216

Mailing Address
P.O. BOX 2216
SCHENECTADY, NY 12301-2216



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2645830

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAT
CAMERON, BARBARA A.
12 CORPORATE WOODS BLVD
ALBANY, NY 12211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAT
EISENSTADT, AMY
3135 EASTON TURNPIKE
FAIRFIELD, CT 06431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
LYONS, DOREEN
3135 EASTON TURNPIKE
FAIRFIELD, CT 06431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCV
MCGETTIGAN, FRANCIS T
3135 EASTON TURNPIKE
FAIRFIELD, CT 06431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSV
FRASER, ELIZA W.
3135 EASTON TURNPIKE
FAIRFIELD, CT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAT
BUCHANAN, MARK E
12 CORPORATE WOODS BLVD
ALBANY, NY 12211

000000556717
05/17/06-80021-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: BARBARA A. CAMERON VP/AT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06
Date

(518)433-4337
Daytime Phone #