

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006750

Entity Name: EYP/AE INCORPORATED

FILED
Apr 26, 2010
Secretary of State

Current Principal Place of Business:

412 BROADWAY
ALBANY, NY 122072972

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 617
ALBANY, NY 122010617

New Mailing Address:

FEI Number: 20-0976565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: BIRDSEY, TOM D
Address: 412 BROADWAY
City-St-Zip: ALBANY, NY 122072972

Title: VSD
Name: POCOROBBA, JOHN S
Address: 412 BROADWAY
City-St-Zip: ALBANY, NY 122072972

Title: VTD
Name: WONG, ANDREW
Address: 225 VARICK ST, 2ND FLOOR
City-St-Zip: NEW YORK, NY 100144348

Title: V
Name: HALLORAN-LANCASTER, FRANKLIN D
Address: 3504 LAKE LYNDA DR. STE 114
City-St-Zip: ORLANDO, FL 328178459

Title: D
Name: STEPHENS, CAHAL
Address: 492 BEACON ST
City-St-Zip: BOSTON, MA 02115

Title: D
Name: KIRBY, CHARLES J
Address: 225 VARICK ST, 2ND FLOOR
City-St-Zip: NEW YORK, NY 100144348

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN S. POCOROBBA

V

04/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date