2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# F05000007005

Entity Name: CAPITOL PAYMENT PLAN, INC.

Current Principal Place of Business:

52 CORPORATE CIRCLE, SUITE 202
ALBANY, NY 12203

New Principal Place of Business:

Current Mailing Address:

52 CORPORATE CIRCLE, SUITE 202
ALBANY, NY 12203

New Mailing Address:

FEI Number: 14-1652911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CPS ( ) Delete
Name: SCOTT, JEFFREY B
Address: 52 CORPORATE CIRCLE, SUITE 202
City-St-Zip: ALBANY, NY 12203

Title: VP ( ) Delete
Name: FASTMAN, JERRY
Address: 52 CORPORATE CIRCLE, SUITE 202
City-St-Zip: ALBANY, NY 12203

Title: T ( ) Delete
Name: BORZYKOWSKI, MORTON
Address: 52 CORPORATE CIRCLE, SUITE 202
City-St-Zip: ALBANY, NY 12203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: SCOTT, JEFFREY B
Address: 52 CORPORATE CIRCLE, SUITE 202
City-St-Zip: ALBANY, NY 12203

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change ( ) Addition
Name: BORZYKOWSKI, MORTON
Address: 52 CORPORATE CIRCLE, SUITE 202
City-St-Zip: ALBANY, NY 12203

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MORTON BORZYKOWSKI CFO 02/06/2006

Electronic Signature of Signing Officer or Director Date