

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003456 (1)

1. Corporation Name

FIRST ALBANY CORPORATION



Principal Place of Business

41 STATE STREET
ALBANY NY 12207
US

Mailing Address

P.O. BOX 52
ALBANY NY 12201

3. Date Incorporated or Qualified
07/28/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 30 S PEARL STREET

Suite, Apt. #, etc.

22

City & State

23 ALBANY, NY

Zip

24 12207

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

14-1391446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RUTLEDGE, ECENIA, UNDERWOOD & PURNELL
215 SOUTH MONROE STREET, SUITE 420
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GOLDBERG, ALAN P
STREET ADDRESS 41 STATE STREET
CITY-ST-ZIP ALBANY NY 12207

TITLE S ☐ DELETE

NAME LINDBURG, MICHAEL R
STREET ADDRESS 41 STATE STREET
CITY-ST-ZIP ALBANY NY 12207

TITLE CFO ☐ DELETE

NAME CUNNINGHAM, DAVID J
STREET ADDRESS 41 STATE STREET
CITY-ST-ZIP ALBANY NY 12207

TITLE VD ☐ DELETE

NAME JOHNSON, HUGH A
STREET ADDRESS 41 STATE STREET
CITY-ST-ZIP ALBANY NY 12207

TITLE D ☐ DELETE

NAME CAMPBELL, ROBERT F
STREET ADDRESS 41 STATE STREET
CITY-ST-ZIP ALBANY NY 12207

TITLE VD ☒ DELETE

NAME GINSBURG, STUART L
STREET ADDRESS 41 STATE STREET
CITY-ST-ZIP ALBANY NY 12207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

30 S. PEARL STREET

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

30 S. PEARL STREET

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

30 S. PEARL STREET

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

30 S. PEARL STREET

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

30 S. PEARL STREET

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

C/CEO/D/T
GEORGE C. McNAMEE

6.4 CITY-ST-ZIP

30 S. PEARL STREET

ALBANY, NY 12207

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (518) 447-8500

Daytime Phone

CR2E034 (12/95)