

**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

Mailing Address

**41 STATE STREET  
ALBANY NY 12207  
US**

**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

2a. Mailing Address

21 **30 S PEARL STREET**

26 Suite, Apt. #, etc.

22

27

City & State  
**ALBANY, NY**

City & State

24 Zip  
**12207**

25 Country  
**US**

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GOLDBERG, ALAN P</b>	
STREET ADDRESS	<b>41 STATE STREET</b>	
CITY-ST-ZIP	<b>ALBANY NY 12207</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>LINDBURG, MICHAEL R</b>	
STREET ADDRESS	<b>41 STATE STREET</b>	
CITY-ST-ZIP	<b>ALBANY NY 12207</b>	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	<b>CUNNINGHAM, DAVID J</b>	
STREET ADDRESS	<b>41 STATE STREET</b>	
CITY-ST-ZIP	<b>ALBANY NY 12207</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, HUGH A</b>	
STREET ADDRESS	<b>41 STATE STREET</b>	
CITY-ST-ZIP	<b>ALBANY NY 12207</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, ROBERT F</b>	
STREET ADDRESS	<b>41 STATE STREET</b>	
CITY-ST-ZIP	<b>ALBANY NY 12207</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>GINSBURG, STUART L</b>	
STREET ADDRESS	<b>41 STATE STREET</b>	
CITY-ST-ZIP	<b>ALBANY NY 12207</b>	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>30 S. PEARL STREET</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>30 S. PEARL STREET</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>30 S. PEARL STREET</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>30 S. PEARL STREET</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>30 S. PEARL STREET</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>C/CEO/D/T</b>
6.3 STREET ADDRESS	<b>GEORGE C. McNAMEE</b>
6.4 CITY-ST-ZIP	<b>30 S. PEARL STREET</b>
	<b>ALBANY, NY 12207</b>

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

*David J. Cunningham*  
**DAVID J. CUNNINGHAM**

**4/26/96** (518) 447-8500  
DATE DAYTIME PHONE #

CR2E034 (12/95)