

F93000003456

Document Number Only

**CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092**

DATE: 6/16

500003293915--4
-06/16/00--01048--023
*****35.00 *****35.00

Corporation(s) Name

First Albany Corporation

FILED
00 JUN 16 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Withdrawal | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> UBR | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Fictitious Name | <input checked="" type="checkbox"/> Ch. RA |
| <input type="checkbox"/> UCC () 1 or () 3 | | |

*****Special Instructions****

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <small>() arts/ameds/mergers () Other-See Above</small> | | |
| <input checked="" type="checkbox"/> Walk in | <input checked="" type="checkbox"/> Pick-up | <input type="checkbox"/> Will Wait |

**Please Return Filed Stamped
Copies To:**

Carol Clark

Thank You!

06-19-00
CC



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 16, 2000

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: FIRST ALBANY CORPORATION
Ref. Number: F93000003456

We have received your document for FIRST ALBANY CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

To: Cheryl Coulliette
Document Specialist

Letter Number: 300A00034537

Corrected
AKS
Carol

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 JUN 16 PM 4: 03

RECEIVED

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of NEW YORK submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: FIRST ALBANY CORPORATION

1b. Date of incorporation 1953 Document number _____

2. The name and address of the current registered agent and office:
Corporation Service Company
1201 Hays Street, Tallahassee, FL 32301

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)
C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Keith-Michael Cabanos
SIGNATURE
May 24, 2000
DATE

KEIKI-MICHAEL CABANOS, Assoc. Vice Pres.
(Type or printed name and title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM
SIGNATURE BY: Connie Bryan
(Registered Agent)
CONNIE BRYAN

DATE June 16, 2000 **SPECIAL ASSISTANT SECRETARY**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

Filing Fee: \$35.00

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JUN 16 PM 4:45
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TALLAHASSEE, FLORIDA