


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90010 024 ***150.00

DOCUMENT # F93000003456

1. Entity Name
FIRST ALBANY CAPITAL INC.



Principal Place of Business
30 S PEARL STREET
ALBANY, NY 12207 US

Mailing Address
PO BOX 52
ALBANY, NY 12201

54012227



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02102004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

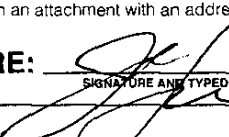
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDBERG, ALAN P	
STREET ADDRESS	40 HILLS ROAD	
CITY-ST-ZIP	LOUDONVILLE, NY 12211	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINK, STEPHEN P	
STREET ADDRESS	167 WOODLAWN AVE	
CITY-ST-ZIP	SARATOGA SPRINGS, NY 12866	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JENKINS, STEVEN P	
STREET ADDRESS	20 HAMPSHIRE PLACE	
CITY-ST-ZIP	DELMAR, NY 12054	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, HUGH A	
STREET ADDRESS	9 BIRCHWOOD CT	
CITY-ST-ZIP	ALBANY, NY 12211	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MURPHY, ARTHUR T JR	
STREET ADDRESS	42 PRESCOTT SOUTH	
CITY-ST-ZIP	BRONXVILLE, NY 10708	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAMEE, GEORGE C	
STREET ADDRESS	9 LOUDON HEIGHTS PLACE	
CITY-ST-ZIP	LOUDONVILLE, NY 12211	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Campbell, Robert F.	
STREET ADDRESS	167 Woodlawn Avenue	
CITY-ST-ZIP	Saratoga Springs, NY 12866	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  VP Date: 2/20/04 Daytime Phone #: 578 447 8500