

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-26-2004 90010 024 ***150.00

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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



02102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
14-1391446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/04

578 4478500