


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90198 023 \*\*\*150.00

<b>DOCUMENT # F93000003456</b> 1. Entity Name <b>FIRST ALBANY CAPITAL INC.</b>					
Principal Place of Business <b>30 S PEARL STREET</b> <b>ALBANY, NY 12207 US</b>			Mailing Address <b>PO BOX 52</b> <b>ALBANY, NY 12201</b>		
2. Principal Place of Business <b>677 Broadway</b> Suite, Apt. #, etc.		3. Mailing Address <b>677 Broadway</b> Suite, Apt. #, etc.			
City & State <b>Albany, NY</b> Zip <b>12207</b>		City & State <b>Albany, NY</b> Zip <b>12207</b>		4. FEI Number <b>14-1391446</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, ALAN P 40 HILLS ROAD LOUDONVILLE, NY 12211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINK, STEPHEN P 167 WOODLAWN AVE SARATOGA SPRINGS, NY 12866	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENKINS, STEVEN P 20 HAMPSHIRE PLACE DELMAR, NY 12054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, HUGH A 9 BIRCHWOOD CT ALBANY, NY 12211	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MURPHY, ARTHUR T JR 42 PRESCOTT SOUTH BRONXVILLE, NY 10708	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMEE, GEORGE C 9 LOUDON HEIGHTS PLACE LOUDONVILLE, NY 12211	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <b>4/14/05</b> <b>518-447-8800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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