


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90480 003 ***150.00

DOCUMENT # F93000003456

1. Entity Name
FIRST ALBANY CAPITAL INC.



Principal Place of Business Mailing Address
677 BROADWAY **677 BROADWAY**
ALBANY, NY 12207 US **ALBANY, NY 12207 US**

50017798



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04192006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
14-1391446 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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, 2006 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	VD	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, STEVEN P	
STREET ADDRESS	20 HAMPSHIRE PLACE	
CITY-ST-ZIP	DELMAR, NY 12054	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAMEE, GEORGE C	
STREET ADDRESS	9 LOUDON HEIGHTS PLACE	
CITY-ST-ZIP	LOUDONVILLE, NY 12211	
TITLE	CHIEF	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUTEY, PAUL	
STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NEW YORK 12207	
TITLE	EXECUTIVE MANAGING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fox, GORDON	
STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NEW YORK 12207	
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 exemptions contained in Chapter 119, 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: Paul Kutay Date: 4/20/06 Daytime Phone #: 518 447 8533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR