


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90417 030 ***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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02282007 Chg-P CR2E034 (12/06)

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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 checked="" type="checkbox"/> Delete
NAME	GOLDBERG, ALAN P	
STREET ADDRESS	40 HILLS ROAD	
CITY-ST-ZIP	LOUDONVILLE, NY 12211	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	KUTEY, PAUL	
STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NY 12207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNAMEE, GEORGE C	
STREET ADDRESS	9 LOUDON HEIGHTS PLACE	
CITY-ST-ZIP	LOUDONVILLE, NY 12211	
TITLE	EMD	<input checked="" type="checkbox"/> Delete
NAME	FOX, GORDON	
STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NY 12207	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNIERNEY, PETER	
STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NY 12207	
TITLE	EMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBURN, SCOTT	
STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NY 12207	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBS, KEN	
STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NY 12207	
TITLE	EMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINE, ROBERT	
STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NY 12207	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COAD, C. BRIAN	
STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NY 12207	
TITLE	ASST-SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCIERO-CRAIG, PATRICIA	
STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NY 12207	

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 address, with all other like empowered.

SIGNATURE _____ Date 4/20/07 Daytime Phone # 518-449-8500