

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F96000006334

Entity Name: APA PARTNERS, INC.

FILED
Sep 25, 2007
Secretary of State

Current Principal Place of Business:

13 BRITISH AMERICAN BLVD
LATHAM, NY 12110 US

New Principal Place of Business:

400 PATROON CREEK BLVD
SUITE 2
ALBANY, NY 12206 US

Current Mailing Address:

13 BRITISH AMERICAN BLVD
PO BOX 1506
LATHAM, NY 121108006 US

New Mailing Address:

500 PATROON CREEK BLVD
ATTN: PETER DIANA
ALBANY, NY 12206 US

FEI Number: 16-1400976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JAMES W. DUCHARME

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: DUCHARME, JAMES W CFO
Address: 500 PATROON CREEK BLVD
City-St-Zip: ALBANY, NY 12206 10

Title: CEO () Delete
Name: CROMIE, WILLIAM
Address: 157 LANCASTER STREET
City-St-Zip: ALBANY, NY 12210

Title: COO () Delete
Name: SLOAN, STEPHEN
Address: 9 FENWAY DRIVE
City-St-Zip: LOUNDONVILLE, NY 12211

Title: C () Delete
Name: BENNETT, JOHN
Address: 12 SAGE ESTATES
City-St-Zip: MENANDS, NY 12204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change () Addition
Name: DOWNS, BARBARA
Address: 127 KETCHAM ROAD
City-St-Zip: VOORHEESVILLE, NY 12186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. DUCHARME

CFO

09/25/2007

Electronic Signature of Signing Officer or Director

Date