


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90462 047 ***150.00

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DOCUMENT # F99000001118					
1. Entity Name FIRST ALBANY COMPANIES INC.					
Principal Place of Business 677 BROADWAY ALBANY, NY 12207-2990			Mailing Address 677 BROADWAY ALBANY, NY 12207-2990		
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 22-2655804			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, ALAN P		NAME	CARLUCCI, CARL P.	
STREET ADDRESS	677 BROADWAY		STREET ADDRESS	15505 FENTRESS COURT	
CITY-ST-ZIP	ALBANY, NY 12207		CITY-ST-ZIP	TAMPA, FLORIDA 33620-5950	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, STEVEN R		NAME	MUTEY, PAUL	
STREET ADDRESS	677 BROADWAY		STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NY 12207		CITY-ST-ZIP	ALBANY, NEW YORK 12207	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	EXECUTIVE MANAGING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAMEE, GEORGE C		NAME	FOX, GORDON	
STREET ADDRESS	677 BROADWAY		STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	ALBANY, NY 12207		CITY-ST-ZIP	ALBANY, NEW YORK 12207	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, SHANNON P		NAME	JOHNSON JR. HUGH A.	
STREET ADDRESS	6 DANECCA DRIVE		STREET ADDRESS	677 BROADWAY	
CITY-ST-ZIP	WHITMAN, MA 02382		CITY-ST-ZIP	ALBANY, NEW YORK 12207	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVANTE, JR., NICHOLAS A		NAME	MUTNICK, DALE	
STREET ADDRESS	570 LEXINGTON AVE.		STREET ADDRESS	23 SHERMAN TURN PIKE	
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP	READING, CT 06875	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIEDEROWICZ, WALTER M		NAME	ROTH, ARTHUR J.	
STREET ADDRESS	102 NORTH STREET		STREET ADDRESS	10 WEST COBBLE HILL	
CITY-ST-ZIP	LITCHFIELD, CT 06759		CITY-ST-ZIP	LODONVILLE, NY 12211	
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: <u>Paul M. Kutz</u>			Date: <u>4/20/06</u> Daytime Phone #: <u>518-447-8533</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					