

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18154** (5)
1. Corporation Name
RCA CORPORATION

Principal Place of Business P O BOX 2216 SCHENECTADY NY 12301-9216	Mailing Address P O BOX 2216 SCHENECTADY NY 12301-9216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/25/1988	
4. FEI Number 14-1682549		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE		1.1 TITLE	VAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUNT, JAMES R			1.2 NAME	BUCHANAN, MARK E		
STREET ADDRESS	3135 EASTON TURNPIKE			1.3 STREET ADDRESS	12 CORPORATE WOODS BLVD		
CITY-ST-ZIP	FAIRFIELD CT			1.4 CITY-ST-ZIP	ALBANY NY		
TITLE	VPTD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMEEN, PHILIP			2.2 NAME			
STREET ADDRESS	3135 EASTON TURNPIKE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFIELD CT			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMUELS, JOHN M			3.2 NAME			
STREET ADDRESS	3135 EASTON TURNPIKE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFIELD CT			3.4 CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEALING, ROBERT E			4.2 NAME			
STREET ADDRESS	3135 EASTON TURNPIKE			4.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFIELD CT			4.4 CITY-ST-ZIP			
TITLE	VPAT	<input type="checkbox"/> DELETE		5.1 TITLE	VPAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZALUCKI, ROBERT J			5.2 NAME	ZALUCKI, ROBERT J.		
STREET ADDRESS	12 CORPORATE WOODS BLVD			5.3 STREET ADDRESS	3003 SUMMER ST.		
CITY-ST-ZIP	ALBANY NY			5.4 CITY-ST-ZIP	STAMFORD, CT 06905		
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRASER, ELIZA W			6.2 NAME			
STREET ADDRESS	3135 EASTON TURNPIKE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFIELD CT			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  MARK E. BUCHANAN VP & ASST. TREAS.

(518)433-4308

CR2E034 (10/97)