

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90282 045 ***150.00

DOCUMENT # P18154

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1988

4. FEI Number

14-1682549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

12301-2216

12301-2216

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

FL

85 Zip Code

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

TITLE ☐ DELETE

NAME PCD
BUNT, JAMES R
STREET ADDRESS 3135 EASTON TURNPIKE
CITY-ST-ZIP FAIRFIELD CT

TITLE ☐ DELETE

NAME VPTD
AMEEN, PHILIP
STREET ADDRESS 3135 EASTON TURNPIKE
CITY-ST-ZIP FAIRFIELD CT

TITLE ☐ DELETE

NAME VPD
SAMUELS, JOHN M
STREET ADDRESS 3135 EASTON TURNPIKE
CITY-ST-ZIP FAIRFIELD CT

TITLE ☐ DELETE

NAME VPS
HEALING, ROBERT E
STREET ADDRESS 3135 EASTON TURNPIKE
CITY-ST-ZIP FAIRFIELD CT

TITLE ☐ DELETE

NAME VPAT
<ZALUCKI, ROBERT J
STREET ADDRESS 3003 SUMMER ST
CITY-ST-ZIP STAMFORD CT 06905

TITLE ☐ DELETE

NAME AS
FRASER, ELIZA W
STREET ADDRESS 3135 EASTON TURNPIKE
CITY-ST-ZIP FAIRFIELD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME VPAT
MARK E. BUCHANAN
1.3 STREET ADDRESS 12 CORPORATE WOODS BLVD.
1.4 CITY-ST-ZIP ALBANY, NY 12211

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VPAT
GEDIA DEMARIA
2.3 STREET ADDRESS 12 CORPORATE WOODS BLVD.
2.4 CITY-ST-ZIP ALBANY, NY 12211

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE

MARK E. BUCHANAN

4/27/99

(518) 433-4308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP & ASSISTANT TREASURER

Daytime Phone #

CR2E034 (1/98)