

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P18154**

1. Entity Name  
**RCA CORPORATION**



Principal Place of Business  
**PO BOX 2216  
SCHENECTADY, NY 12301**

Mailing Address  
**PO BOX 2216  
SCHENECTADY, NY 12301**



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**14-1682549**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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
NAME	MCEWEN, NANCY
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	VPD
NAME	FRASER, ELIZA W
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	VPDC
NAME	MCGETTIGAN, FRANCIS T
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	VPT
NAME	DAKIN, WILLIAM
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	VPAT
NAME	ROBERTS, SCOTT
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	VPAT
NAME	MELITA, BARBARA A
STREET ADDRESS	12 CORPORATE WOODS BLVD
CITY-ST-ZIP	ALBANY, NY 12211

U00000138496  
04/29/04-80082-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara A Melita*

Date

*4/23/04*

Daytime Phone #