

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2007 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**



04162007 No Chg-P CR2E034 (11/05)

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, 2007 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	VPSC
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	CAMERON, BARBARA A
STREET ADDRESS	12 CORPORATE WOODS BLVD
CITY-ST-ZIP	ALBANY, NY 12211

**DO NOT WRITE
IN THIS SPACE**

000000733013
05/03/07-80070-015 150.00

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: *Barbara A. Cameron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara A. Cameron

Date *4/17/07* Daytime Phone # *(518)433-433*