## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006750

**Entity Name: EYP/AE INCORPORATED** 

**Current Principal Place of Business:** 

201 FULLER RD **5TH FLOOR** 

ALBANY, NY 12203-3640

## **Current Mailing Address:**

201 FULLER RD 5TH FLOOR

ALBANY, NY 12203-3640 US

FEI Number: 20-0976565 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR STE A TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Feb 13, 2019

**Secretary of State** 

5146681543CC

Officer/Director Detail:

PRESIDENT, DIRECTOR Title Title

HALLORAN-LANCASTER, FRANKLIN D BIRDSEY, TOM D Name Name

Address 201 FULLER RD Address 201 FULLER RD

**5TH FLOOR 5TH FLOOR** 

ALBANY NY 12203-3640 ALBANY NY 12203-3640 City-State-Zip: City-State-Zip:

Title Title **SECRETARY** 

KIRBY, CHARLES J BUTLER, SCOTT Name Name 1000 POTOMAC ST. NW 201 FULLER RD Address Address

5TH FLOOR

WASHINGTON DC 20007

City-State-Zip: ALBANY NY 12203-3640

Title **DIRECTOR** Title TREASURER, CFO

OTTAVIO, PETER D Name Name MASON, KEFALARI Address 201 FULLER RD

201 FULLER RD Address **5TH FLOOR** 

**5TH FLOOR** ALBANY NY 12203-3640

City-State-Zip: ALBANY NY 12203-3640 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

02/13/2019 SIGNATURE: KEFALARI MASON **CFO**