

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra S. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

55 MAY -1 AM 7:47

AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04843 (9)**  
1. Corporation Name  
**KEY FINANCIAL SERVICES INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**66 SOUTH PEARL STREET  
ALBANY NY 12207** **66 SOUTH PEARL STREET  
ALBANY NY 12207**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt # etc 26. State, Apt # etc  
22. City & State 27. City & State  
23. Zip 25. Country 29. Zip 30. Country

3. Date incorporated or Qualified **01/31/1985** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **14-1661346** 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 has liability for intangible tax under S. 194(1)(3) Florida Statutes  Yes  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  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_  
Corporate Agent or Principal Place of Business Agent (Print Name and Title) \_\_\_\_\_  
Registered Agent (Print Name and Title) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>PCD ALLEN, GARY R. 4 FOX GLOVE COURT WYANANSTSKILL NY</b>	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<b>PRESIDENT, CEO &amp; DIRECTOR MENZIES, JAMES P. RT. 51, BOX 66B COXSACKIE, NEW YORK 12051</b> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>SD FERRIS, WALTER V. 27 LOUDON HEIGHTS NORTH LOUDONVILLE NY</b>	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	<b>CHAIRMAN OF THE BOARD ARTHUR F. YOUNG, JR. 54 DEVON ROAD DELMAR, NEW YORK 12054</b> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>CFO RILEY, KEVIN P. 5 HEMLOCK LANE EAST GREENBUSH NY</b>	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	<b>CFO, TREASURER &amp; DIRECTOR SAME AS STATED TO LEFT " " " " " " " "</b> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>EVP YOUNG, ARTHUR F. 54 DEVON ROAD DELMAR NY</b>	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	<b>CHANGE SECRETARY, GENERAL COUNSEL &amp; DIRECTOR MAE CAVOLI 5306 FOREST POINT DRIVE CLIFTON PARK, NEW YORK 12065</b> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	<b>ASSISTANT SECRETARY &amp; TREASURER (ASST) ROBERT P. WADE 24 MERIDIAN LANE BALSTON LAKE, NEW YORK 12019</b> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<b>EXECUTIVE VICE PRESIDENT &amp; DIRECTOR SERGIO AMITRANO 76 BENTWOOD CT. ALBANY, NEW YORK 12203</b> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the non-reporting treatment under Section 1107(b)(2), 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or as an attachment with an address.

SIGNATURE: **JAMES P. MENZIES, PRESIDENT & CEO** 4/26/95  
Date (518) 486-8936