

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P04843** (9)

1. Corporation Name  
**KEY FINANCIAL SERVICES INC.**



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

3. Date Incorporated or Qualified: **01/31/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **14-1661346**  
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 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	MENZIES, JAMES P	
STREET ADDRESS	RT. 51, BOX 66B	
CITY-ST-ZIP	COXSACKIE NY	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	YOUNG, ARTHUR F JR	
STREET ADDRESS	54 DEVON ROAD	
CITY-ST-ZIP	DELMAR NY	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	RILEY, KEVIN P.	
STREET ADDRESS	5 HEMLOCK LANE	
CITY-ST-ZIP	EAST GREENBUSH NY	
TITLE	SGD	<input type="checkbox"/> DELETE
NAME	CAVOLI, MAE	
STREET ADDRESS	5306 FOREST POINT DRIVE	
CITY-ST-ZIP	CLIFTON PARK NY	
TITLE	ASTA	<input type="checkbox"/> DELETE
NAME	WADE, ROBERT P	
STREET ADDRESS	24 MERIDIAN LANE	
CITY-ST-ZIP	BALSTON LAKE NY	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	AMIRANO, SERGIO	
STREET ADDRESS	76 BENTWOOD CT	
CITY-ST-ZIP	ALBANY NY	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PRESIDENT, CEO & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AMIRANO, SERGIO	
1.3 STREET ADDRESS	604 BEDFORD SQUARE	
1.4 CITY-ST-ZIP	ALBANY, NEWYORK 12203	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CFO, TREASURER & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SR.VICE PRESIDENT, ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	(SEE ABOVE)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Sergio Amirano SERGIO AMIRANO, PRESIDENT & CEO 5/01/96 (518) 486-8936  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)