


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P 04843**
1. Corporation Name
KEY FINANCIAL SERVICES, INC.

Principal Place of Business: **66 South Pearl St. Albany, NY 12207**
Mailing Address: **66 South Pearl St. Albany, NY 12207**

3. Date incorporated or Qualified: **01/31/1985**
3a. Date of Last Report: **05/01/1996**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State, Apt. #, etc.: **22**
City & State: **27**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CT Corporation System
1200 S. Pine Island Road
Plantation, Florida 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB, P, CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Boj dak	1.2 NAME	
STREET ADDRESS	2200 Niskayuna Dr.	1.3 STREET ADDRESS	
CITY- ST- ZIP	Niskayuna, NY 12309	1.4 CITY- ST- ZIP	
TITLE	Treasurer & CFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin P. Riley	2.2 NAME	
STREET ADDRESS	5 Hemlock Lane	2.3 STREET ADDRESS	
CITY- ST- ZIP	East Greenbush, NY 12061	2.4 CITY- ST- ZIP	
TITLE	General Counsel, Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mae Cavoli	3.2 NAME	
STREET ADDRESS	5306 Forest Point Dr., Clifton Park, NY 12065	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	AT, AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert P. Wade	4.2 NAME	
STREET ADDRESS	24 Meridian Lane	4.3 STREET ADDRESS	
CITY- ST- ZIP	Balston Lake, NY 12019	4.4 CITY- ST- ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard A. Molyneux	5.2 NAME	
STREET ADDRESS	23 Schuyler Hills Rd., Loudonville, NY 12211	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard M. Marotta	6.2 NAME	
STREET ADDRESS	2090 Scotch Church Rd.	6.3 STREET ADDRESS	
CITY- ST- ZIP	Pattersonville, NY 12137	6.4 CITY- ST- ZIP	

14. I do 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 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: Robert J. Boj dak **4/8/97** **518-487-4177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)