

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90020 049 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P04843**

1. Corporation Name
KEY FINANCIAL SERVICES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 66 SOUTH PEARL STREET ALBANY NY 12207	Mailing Address 66 SOUTH PEARL STREET ALBANY NY 12207
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3. Date Incorporated or Qualified 01/31/1985	
4. FEI Number 14-1661346	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5:00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 22 Corporate Woods		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 5th Floor		
City & State 23	City & State 28 Albany NY		
Zip 24	Country 25	Zip 29 12211	Country 30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name	10. Name and Address of New Registered Agent	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCBP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOJDAK, ROBERT J	1.2 NAME	Joseph Senecal
STREET ADDRESS	2200 NISKAYUNA DR.	1.3 STREET ADDRESS	22 Corporate Woods
CITY-ST-ZIP	NISKAYUNA NY 12309	1.4 CITY-ST-ZIP	Albany NY 12211
TITLE	TCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, KEVIN P.	2.2 NAME	127 Public Square
STREET ADDRESS	329 TIMBER RIDGE TR.	2.3 STREET ADDRESS	Cleveland, OH 44040
CITY-ST-ZIP	GATE HILLS OH 44040	2.4 CITY-ST-ZIP	Address changes
TITLE	SGD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVOLI, MAE	3.2 NAME	66 South Pearl Street
STREET ADDRESS	35 HIGHPOINT DR.	3.3 STREET ADDRESS	Albany NY 12207
CITY-ST-ZIP	TROY NY 12182	3.4 CITY-ST-ZIP	Address change
TITLE	ATAS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, ROBERT P	4.2 NAME	54 State Street
STREET ADDRESS	24 MERIDIAN LANE	4.3 STREET ADDRESS	Albany NY 12207
CITY-ST-ZIP	BALSTON LAKE NY	4.4 CITY-ST-ZIP	Address change
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURLEY, ROBERT	5.2 NAME	66 South Pearl St
STREET ADDRESS	24 WEST OVER RD.	5.3 STREET ADDRESS	Albany NY 12207
CITY-ST-ZIP	SLINGERLANDS NY 12159	5.4 CITY-ST-ZIP	Address change
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROTTA, RICHARD M	6.2 NAME	66 South Pearl St.
STREET ADDRESS	2090 SCOTCH SCHURCH RD.	6.3 STREET ADDRESS	Albany NY 12207
CITY-ST-ZIP	PATTERSONVILLE NY 12137	6.4 CITY-ST-ZIP	Address change

14. I 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, with all other like empowered.

SIGNATURE: Joseph H. Senecal **Joseph H. Senecal** 1/14/99 (518) 391-6286
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)