

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90012 025 ***150.00

DOCUMENT # P04843

1. Entity Name

KEY FINANCIAL SERVICES INC.

Principal Place of Business

Mailing Address

66 SOUTH PEARL STREET
 ALBANY NY 12207

22 CORPORATE WOODS
 5TH FLOOR
 ALBANY NY 12211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1661346

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CCBP**
 BOJDAK, ROBERT J
 STREET ADDRESS **2200 NISKAYUNA DR.**
 CITY-ST-ZIP **NISKAYUNA NY 12309**

TITLE Change Addition
 NAME **Treasurer**
Joseph H. Senecal
 STREET ADDRESS **22 Corporate Woods Blvd**
 CITY-ST-ZIP **Albany NY 12211**

TITLE Delete
 NAME **TCFO**
 RILEY, KEVIN P.
 STREET ADDRESS **127 PUBLIC SQUARE**
 CITY-ST-ZIP **CLEVELAND OH 44040**

TITLE Change Addition
 NAME **Secretary**
Forrest Stanley
 STREET ADDRESS **127 Public Square**
 CITY-ST-ZIP **Cleveland, OH. 44114**

TITLE Delete
 NAME ~~SGD~~
~~CAVOLI, MAE~~
 STREET ADDRESS **66 SOUTH PEARL STREET**
 CITY-ST-ZIP **ALBANY NY 12207**

TITLE Change Addition
 NAME **Vice President**
Thomas E. Hahn
 STREET ADDRESS **800 Superior Ave**
 CITY-ST-ZIP **Cleveland OH 44114**

TITLE Delete
 NAME **ATAS**
 WADE, ROBERT P
 STREET ADDRESS **54 STATE STREET**
 CITY-ST-ZIP **ALBANY NY 12207**

TITLE Change Addition
 NAME **ASST. Secretary**
Stere Bulloch
 STREET ADDRESS **127 Public Square**
 CITY-ST-ZIP **Cleveland OH 44114**

TITLE Delete
 NAME **D**
 CURLEY, ROBERT
 STREET ADDRESS **66 SOUTH PEARL STREET**
 CITY-ST-ZIP **ALBANY NY 12207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 MAROTTA, RICHARD M
 STREET ADDRESS **66 SOUTH PEARL STREET**
 CITY-ST-ZIP **ALBANY NY 12207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph H. Senecal VP + Bulloch 1/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(518) 391-6281
 Melon Pelton