

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

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003917 (0)

1. Corporation Name  
KEY SERVICES CORPORATION

Principal Place of Business 127 PUBLIC SQUARE CLEVELAND OH 44114	Mailing Address C/O CORPORATE TAX DEPT. CLEVELAND OH 44114 US
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3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 14-1621442	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULA, ALLEN J JR	1.2 NAME	
STREET ADDRESS	127 PUBLIC SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCUSO, JOHN H	2.2 NAME	
STREET ADDRESS	127 PUBLIC SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114	2.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, CARMEN R	3.2 NAME	Asst. Secretary
STREET ADDRESS	127 PUBLIC SQUARE	3.3 STREET ADDRESS	Bulloch, Steven N.
CITY-ST-ZIP	CLEVELAND OH 44114	3.4 CITY-ST-ZIP	127 Public Square Cleveland, Ohio 44114
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVING, LEROY G	4.2 NAME	
STREET ADDRESS	127 PUBLIC SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARESTIO JR., RALPH M.	5.2 NAME	CFO
STREET ADDRESS	127 PUBLIC SQUARE	5.3 STREET ADDRESS	Heinemann, Henry
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	2025 Ontario Street Cleveland, Ohio 44115
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINGAY, JAMES S.	6.2 NAME	
STREET ADDRESS	127 PUBLIC SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	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: Steven N. Bulloch **SIGNATURE REQUIRED** 4/25/97 (216) 689-5266  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0527547

CR2E034 (9/96)