

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000005051**

1. Entity Name  
KEYCORP REAL ESTATE CAPITAL MARKETS, INC.



Principal Place of Business

127 PUBLIC SQUARE  
CLEVELAND, OH 44114

Mailing Address

127 PUBLIC SQUARE  
2ND FLOOR ATTN: L. MANDRYK  
CLEVELAND, OH 44114



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1806991

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

1100000585979  
01/16/07-80035-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURKE, EDWARD J
STREET ADDRESS	911 MAIN STREET SUITE 1500
CITY-ST-ZIP	KANSAS CITY, MO 64105
TITLE	AS
NAME	BULLOCH, STEVEN N
STREET ADDRESS	127 PUBLIC SQUARE
CITY-ST-ZIP	CLEVELAND, OH 441141306
TITLE	TCFO
NAME	SCHLAG, WILLIAM
STREET ADDRESS	127 PUBLIC SQUARE
CITY-ST-ZIP	CLEVELAND, OH 441141306
TITLE	D
NAME	SCHLAG, WILLIAM E
STREET ADDRESS	127 PUBLIC SQUARE
CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	D
NAME	BURKE, EDWARD J
STREET ADDRESS	911 MAIN ST, STE 1500
CITY-ST-ZIP	KANSAS CITY, MO 64105
TITLE	D
NAME	BOWES, ROBERT C.
STREET ADDRESS	127 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND, OH 441441306

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

**SIGNATURE:** Robert C. Bowes Robert C. Bowes 1/4/07 216-689-508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #