2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # F95000005051

1. Entity Name



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90095 010 ***150.00

KEYCORP REAL ESTATE CAPITAL MARKETS, INC.									02-04-200.	3 30033	010 1	30.00	
Principal Place of Business 127 PUBLIC SQUARE CLEVELAND OH 44114				Mailing Address 127 PUBLIC SQUARE 2ND FLOOR CLEVELAND OH 44114					I F ab ir a iki a ibidi bikil abkil b	1111 33 111 83 1	UP 6810 : 1 174 0 2	181 2010) Hayana	1
2. Principa	I Place of Busine	ailing Address											
Suite, A	pt. #, etc.		12	7 Public S te, Apt. #, etc.	quare				_				
City & Code				2nd Floor-Attn: L. Mandryk			ndrvk	CHECK HERE IF MAKING CHANGES					
City & State				City & State Cleveland, OH				.14-1806991				Applied For	\Box
Zip	~~~	Country	* Zip	Chromina in a control of	= Country	's ~		5 Certi	ficate of Status Desired		\$8.75 <i>/</i>	Not Applicab	le
	6. Name a	nd Address of Curren	44114-1306 Registered Agent		<u> </u>							Required	
The state of the s								7. Nam	e and Address of New I	Registere	d Agent	 -	4
CORPORATION SERVICE COMPANY													
1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE FL 32301						Þ							7
					City				· · · · · · · · · · · · · · · · · · ·	F	Zip Co		\dashv
8. The above the obligation	ve патеd entity so ations of registere	ubmits this statement for	or the purp	ose of changing its	registered offi	ce or	registered	d agent, d	or both, in the State of Fid	orida. Lan	n familiar wit	h, and accept	
SIGNATURE		J											
0.0.0.0.0.0	Signature, typed or p	rinted name of registered agent	and title if app	licable. (NOTE	: Registered Agent	signatu	re required wh	hen reinstatir	ng)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9	Election Campaign Fir Trust Fund Contributio		\$5.	00 May Be	
10.		OFFICERS AND	DIRECTO	RS	11.			ADDITIO	ONS/CHANGES TO OFF	ICERS AN	ID DIBECTO	DC IN 44	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1127 1 00000			☐ Delete	AIA BAC	Rob	t. S ert C 127 P	. Bow ublic	es Souare		☐ Change		
TITLE	S			☐ Delete	TITLE		Lieve.	land,	OH 44114-130)6	☐ Change	Addition	<u>ا</u> اِ
NAME STREET ADDRESS CITY-ST-ZIP	BULLOCH, ST 127 PUBLIC S CLEVELAND (EVEN N SQUARE DH 44114-1306	-		NAME STREET ADDRE	SS	المستحدد الأست	er receipt				Addition	[
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO SCHLAG, WILL 127 PUBLIC S CLEVELAND O			☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		,			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWES, ROBI 127 PUBLIC S CLEVELAND O	ERT C Quare		☐ Delete	TITLE NAME STREET ADDRE	SS		, , , , , , , , , , , , , , , , , , , ,			☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMONS, GEO 127 PUBLIC S CLEVELAND O	ORGE E JR QUARE		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS					☐ Change	☐ Addition	
TITLE VAME STREET ADDRESS				☐ Delete	TITLE NAME		,	<u>.</u>	 		☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LIDE DEQUIREROBERT C. Bowes, Asst. Sec. 216-689-5089 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03