

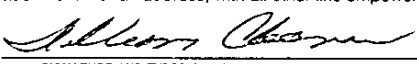


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90028 021 \*\*\*150.00

<b>DOCUMENT # F95000005863</b> 1. Entity Name <b>KEYCORP INSURANCE AGENCY INC.</b>					
Principal Place of Business <b>74 BROAD STREET</b> <b>WATERFORD, NY US</b>			Mailing Address <b>127 PUBLIC SQ., 8TH FLOOR</b> <b>MAILCODE OH-01-27-0826</b> <b>CLEVELAND, OH 44114-1306 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>127 Public Square, 2nd Fl.</b> Suite, Apt. #, etc. <b>Attn: L. Mandryk</b> City & State <b>Cleveland, OH</b> Zip <b>44114-1306</b>			
Country		Country		01192005 Chg-P CR2E034 (10/03)	
4. FEI Number <b>14-1745243</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPNISKEY, JACK L 127 PUBLIC SQUARE CLEVELAND, OH 44114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S William P. Cloonan 127 Public Square Cleveland, OH 44114-1306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISLER, ROBERT B JR 127 PUBLIC SQUARE CLEVELAND, OH 44114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPNISKEY, JACK L 127 PUBLIC SQUARE CLEVELAND, OH 44114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPNISKEY, JACK L 127 PUBLIC SQUARE CLEVELAND, OH 44114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEO, ARMANDO 745 ATLANTIC AVENUE BOSTON, MA 02111	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHARPE, MICHAEL 800 SUPERIOR AVENUE CLEVELAND, OH 44114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIPAOLLO, JOANNE M 154 QUAKER ROAD QUEENSBURY, NY 12804	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			1/20/05 <small>Date</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		