

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

FILED

Apr 13 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F96000004795 (8)**

1. Corporation Name

**KEYCORP INSURANCE AGENCY USA INC.**



Principal Place of Business

**5001 OLYMPIC DRIVE N.W.  
GIG HARBOR WA 98335**

Mailing Address

**5001 OLYMPIC DRIVE N.W.  
GIG HARBOR WA 98335**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/18/1996**

4. FEI Number

**91-1726982**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

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

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE

NAME **BLAKE, WILLIAM J**  
STREET ADDRESS **127 PUBLIC SQUARE**  
CITY-ST-ZIP **CLEVELAND OH 44114-1306**

TITLE **PD** ☐ DELETE

NAME **DUNKER, ROGER E**  
STREET ADDRESS **127 PUBLIC SQUARE**  
CITY-ST-ZIP **CLEVELAND OH 44114-1306**

TITLE **SV** ☒ DELETE

NAME **FORYSTEK, ROGER F**  
STREET ADDRESS **127 PUBLIC SQUARE**  
CITY-ST-ZIP **CLEVELAND OH 44114-1306**

TITLE **SVD** ☐ DELETE

NAME **HELLYAR, MICHAEL D**  
STREET ADDRESS **127 PUBLIC SQUARE**  
CITY-ST-ZIP **CLEVELAND OH 44114-1306**

TITLE **SV** ☐ DELETE

NAME **HEIDE, JAMES P**  
STREET ADDRESS **127 PUBLIC SQUARE**  
CITY-ST-ZIP **CLEVELAND OH 44114-1306**

TITLE **SV** ☐ DELETE

NAME **LAGASSE, ROBERT E**  
STREET ADDRESS **127 PUBLIC SQUARE**  
CITY-ST-ZIP **CLEVELAND OH 44114-1306**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition

1.2 NAME **Kopnisky, Jack L.**

1.3 STREET ADDRESS **127 Public Square**

1.4 CITY-ST-ZIP **Cleveland, OH 44114**

2.1 TITLE **Vice President** ☐ Change ☒ Addition

2.2 NAME **Ciarelli, Robert**

2.3 STREET ADDRESS **5001 Olympic Drive, N.W.**

2.4 CITY-ST-ZIP **Gig Harbor, WA 98335**

3.1 TITLE **Treasurer** ☐ Change ☒ Addition

3.2 NAME **Carpenter, Kevin S.**

3.3 STREET ADDRESS **127 Public Square**

3.4 CITY-ST-ZIP **Cleveland, OH 44114**

4.1 TITLE **Vice President** ☐ Change ☒ Addition

4.2 NAME **Horton, Jane**

4.3 STREET ADDRESS **745 Atlantic Ave.**

4.4 CITY-ST-ZIP **Boston, MA 02111**

5.1 TITLE **Vice President** ☐ Change ☒ Addition

5.2 NAME **Leo, Armando**

5.3 STREET ADDRESS **745 Atlantic Ave.**

5.4 CITY-ST-ZIP **Boston, MA 02111**

6.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition

6.2 NAME **Bullock, Steven N.**

6.3 STREET ADDRESS **127 Public Square**

6.4 CITY-ST-ZIP **Cleveland, OH 44114**

14. 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 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:

*William J. Blake*

William J. Blake, Secretary

(216)

689-4129

CR2E034 (10/97)