
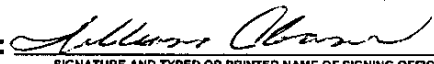


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-01-2005 90028 022 ***150.00

DOCUMENT # F96000004795 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 127 Public Square, 2nd Fl. Suite, Apt. #, etc. Attn: L. Mandryk			
City & State Zip Country		City & State Cleveland, OH 44114-1306 Zip Country 44114-1306		4. FEI Number 91-1726982	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEIGER, RICHARD G 127 PUBLIC SQUARE CLEVELAND, OH 441141306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S William P. Cloonan 127 Public Square Cleveland, OH 44114-1306	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOSSE, DOUGLAS M 800 SUPERIOR AVE. CLEVELAND, OH 44114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPINSKY, JACK L 127 PUBLIC SQUARE CLEVELAND, OH 441141306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARPE, MICHAEL R 800 SUPERIOR AVE CLEVELAND, OH 44114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEO, ARMANDO 745 ATLANTIC AVE BOSTON, MA 02111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISLER, ROBERT BAUMAN JR. 127 PUBLIC SQUARE CLEVELAND, OH 44114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE: 			1/20/05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					