

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90019 042 ***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
**127 PUBLIC SQUARE, 2ND FLOOR
ATTN: L. MANDRYK
CLEVELAND, OH 44114-1306**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007

Chg-P

CR2E034 (12/06)

4. FEI Number

91-1726982

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**

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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
COBURN, HOWARD E
127 PUBLIC SQUARE
CLEVELAND, OH 441141306** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SCHOSSER, DOUGLAS M
800 SUPERIOR AVE.
CLEVELAND, OH 44114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VOSEN, MARC A
127 PUBLIC SQUARE
CLEVELAND, OH 441141306** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHARPE, MICHAEL R
800 SUPERIOR AVE
CLEVELAND, OH 44114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LEO, ARMANDO
745 ATLANTIC AVE
BOSTON, MA 02111** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHAW, CHARLES R
127 PUBLIC SQUARE
CLEVELAND, OH 44114** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Howard E. Coburn

HOWARD E. COBURN 2-16-07 216-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

684