

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

02-04-2003 90138 010 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**

**1201 HAYS STREET**

**TALLAHASSEE FL 32301**

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete  
NAME **ZEIGER, RICHARD G**  
STREET ADDRESS **127 PUBLIC SQUARE**  
CITY-ST-ZIP **CLEVELAND OH 44114-1306**

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

TITLE **T** ☒ Delete  
NAME **LYDA, THADDEUS J**  
STREET ADDRESS **127 PUBLIC SQUARE**  
CITY-ST-ZIP **CLEVELAND OH 44114**

TITLE **T** ☒ Change ☐ Addition  
NAME **Douglas M. Schosser**  
STREET ADDRESS **800 Superior Avenue**  
CITY-ST-ZIP **Cleveland, OH 44114**

TITLE **D** ☐ Delete  
NAME **KOPINSKY, JACK L**  
STREET ADDRESS **127 PUBLIC SQUARE**  
CITY-ST-ZIP **CLEVELAND OH 44114-1306**

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

TITLE **P** ☐ Delete  
NAME **HUGHES, WOODROW**  
STREET ADDRESS **800 SUPERIOR AVE**  
CITY-ST-ZIP **CLEVELAND OH 44115**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

**Richard G. Zeiger, Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

*Attachment*  
*F96000004795*

*80021591*

**KEYCORP INSURANCE AGENCY USA, INC.**  
**A Washington Corporation**

**DIRECTORS**

Full Legal Name: **Jack L. Kopnisky**  
Business Addr: 127 Public Square  
Cleveland, OH 44114

Full Legal Name: **Robert Bauman Heisler, Jr.**  
Business Addr: 127 Public Square  
Cleveland, Ohio 44114

Full Legal Name: **Woodrow Hughes**  
Business Addr: 800 Superior Avenue  
Cleveland, Ohio 44114



*Attachment*  
*F9600004795*

*80021591*

Full Legal Name: **Randal J. Wilhelmsen - Vice President**  
Business Addr: 1109 Pacific Avenue  
Tacoma, WA

Full Legal Name: **Thomas M. Munoz - Vice President**  
Business Addr: 800 Superior Avenue  
Cleveland, Ohio 44114

Full Legal Name: **Michael R. Sharpe - Vice President**  
Business Addr: 800 Superior Avenue  
Cleveland, Ohio 44114

Full Legal Name: **Gary Koch - Vice President**  
Business Addr: 101 W. Benson  
Anchorage, Alaska 99503

Full Legal Name: **Kristin Hirsch - Vice President**  
Business Addr: 800 Superior Avenue  
Cleveland, OH 44114

Full Legal Name: **Lindsey Carter-Hunter - Vice President**  
Business Addr: 1101 Pacific Avenue, 3<sup>rd</sup> Floor  
Tacoma, WA 98402

Full Legal Name: **James E. Shook**  
Business Addr: 800 Superior Avenue  
Cleveland, OH 44114

Full Legal Name: **Joni R. Vann - Officer**  
Business Addr: 702 W. Idaho  
Boise, ID 83702

Full Legal Name: **Carol V. Moore - Licensing Officer**  
Business Addr: 800 Superior Avenue  
Cleveland, OH 44114