


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90018 044 ***150.00

DOCUMENT # F97000001003 1. Entity Name KEY CORPORATE CAPITAL INC.	
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Principal Place of Business 100 SOUTH MAIN ST. ANN ARBOR, MI 48104	Mailing Address 127 PUBLIC SQUARE 2ND FL., ATTN: L. MANDYK CLEVELAND, OH 44114-1306 US
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DO NOT WRITE IN THIS SPACE

40001007



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3326153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PFEIFFENBERGER, JOHN R 1000 SOUTH MCCASLIN BLVD SUPERIOR, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANDSTAFF, LINDA A 127 PUBLIC SQ. CLEVELAND, OH 441141306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNN, THOMAS W 127 PUBLIC SQ. CLEVELAND, OH 441141306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANDSTAFF, LINDA A 127 PUBLIC SQ. CLEVELAND, OH 441141306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWES, ROBERT C 127 PUBLIC SQ. CLEVELAND, OH 441141306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWES, ROBERT C 127 PUBLIC SQUARE CLEVELAND, OH 441141306

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IN THIS SPACE**

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: Robert C Bowes Robert C. Bowes, Secretary, 1/5/05 216-689-5089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #