CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04843 (9)

1. Corporation Name

KEY FINANCIAL SERVICES INC.

Principal Place of Business	Mailing Address
66 SOUTH PEARL STREET ALBANY NY 12207	66 SOUTH PEARL STREET ALBANY NY 12207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1985

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. # etc. 22	State, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 14-1661346 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 607.0505 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 director. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature of New Registered Agent if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	PRESIDENT,CEO & DIRECTOR ☒ Change ☐ Addition
NAME	ALLEN, GARY R.	12 NAME	MENZIES, JAMES P.
STREET ADDRESS	4 FOX GLOVE COURT	13 STREET ADDRESS	RT. 51, BOX 66B
CITY ST ZIP	WYANANSTSKILL NY	14 CITY ST ZIP	COXSACKIE, NEW YORK 12051
TITLE	SD	21 TITLE	CHAIRMAN OF THE BOARD ☒ Change ☐ Addition
NAME	FERRIS, WALTER V.	22 NAME	ARTHUR F. YOUNG, JR.
STREET ADDRESS	27 LOUDON HEIGHTS NORTH	23 STREET ADDRESS	54 DEVON ROAD
CITY ST ZIP	LOUDONVILLE NY	24 CITY ST ZIP	DELMAR, NEW YORK 12054
TITLE	CFO	31 TITLE	CFO, TREASURER & DIRECTOR ☐ Change ☒ Addition
NAME	RILEY, KEVIN P.	32 NAME	SAME AS STATED TO LEFT
STREET ADDRESS	5 HEMLOCK LANE	33 STREET ADDRESS	" " "
CITY ST ZIP	EAST GREENBUSH NY	34 CITY ST ZIP	" " "
TITLE	EVP	41 TITLE	SECRETARY, GENERAL COUNSEL&DIRECTOR ☐ Change ☐ Addition
NAME	YOUNG, ARTHUR F.	42 NAME	MAE CAVOLI
STREET ADDRESS	54 DEVON ROAD	43 STREET ADDRESS	5306 FOREST POINT DRIVE
CITY ST ZIP	DELMAR NY	44 CITY ST ZIP	CLIFTON PARK, NEW YORK 12065
TITLE		51 TITLE	ASSISTANT SECRETARY & TREASURER(ASST) ☐ Change ☐ Addition
NAME		52 NAME	ROBERT P. WADE
STREET ADDRESS		53 STREET ADDRESS	24 MERIDIAN LANE
CITY ST ZIP		54 CITY ST ZIP	BALSTON LAKE, NEW YORK 12019
TITLE		61 TITLE	EXECUTIVE VICE PRESIDENT & DIRECTOR ☐ Change ☐ Addition
NAME		62 NAME	SERGIO AMITRANO
STREET ADDRESS		63 STREET ADDRESS	76 BENTWOOD CT.
CITY ST ZIP		64 CITY ST ZIP	ALBANY, NEW YORK 12203

CHANGE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 of this report, or on any attachment with an address.

SIGNATURE: JAMES P. MENZIES, PRESIDENT & CEO 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(518)486-8936

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