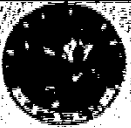


FILE THIS FORM FOR AFTER MAY 15, 1995

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra S. Matheson Secretary of State DIVISION OF CORPORATIONS
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55 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

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 01/31/1985	3a. Date of Last Report 05/01/1994
21	26	4. FEI Number 14-1661346		Applied For Not Applicable	
22	27	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under S. 194.0132 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 607.0502 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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
(Signature required on behalf of registered agent and the corporation. If the registered agent is a corporation, the signature of an authorized officer or director is required.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD ALLEN, GARY R. 4 FOX GLOVE COURT WYANANSTSKILL NY	1.1 TITLE	PRESIDENT, CEO & DIRECTOR ☒ Change ☐ Addition
NAME		1.2 NAME	MENZIES, JAMES P.
STREET ADDRESS		1.3 STREET ADDRESS	RT. 51, BOX 66B
CITY, ST, ZIP		1.4 CITY, ST, ZIP	COXSACKIE, NEW YORK 12051
TITLE	SO FERRIS, WALTER V. 27 LOUDON HEIGHTS NORTH LOUDONVILLE NY	2.1 TITLE	CHAIRMAN OF THE BOARD ☒ Change ☐ Addition
NAME		2.2 NAME	ARTHUR F. YOUNG, JR.
STREET ADDRESS		2.3 STREET ADDRESS	54 DEVON ROAD
CITY, ST, ZIP		2.4 CITY, ST, ZIP	DELMAR, NEW YORK 12054
TITLE	CFO RILEY, KEVIN P. 5 HEMLOCK LANE EAST GREENBUSH NY	3.1 TITLE	CFO, TREASURER & DIRECTOR ☒ Change ☐ Addition
NAME		3.2 NAME	" " " "
STREET ADDRESS		3.3 STREET ADDRESS	" " " "
CITY, ST, ZIP		3.4 CITY, ST, ZIP	" " " "
TITLE	EVP YOUNG, ARTHUR F. 54 DEVON ROAD DELMAR NY	4.1 TITLE	SECRETARY, GENERAL COUNCIL & DIRECTOR ☒ Change ☐ Addition
NAME		4.2 NAME	MAE CAVOLI
STREET ADDRESS		4.3 STREET ADDRESS	5306 FOREST POINT DRIVE
CITY, ST, ZIP		4.4 CITY, ST, ZIP	CLIFTON PARK, NEW YORK 12065
TITLE		5.1 TITLE	ASSISTANT SECRETARY & TREASURER (ASST) ☒ Change ☐ Addition
NAME		5.2 NAME	ROBERT P. WADE
STREET ADDRESS		5.3 STREET ADDRESS	24 MERIDIAN LANE
CITY, ST, ZIP		5.4 CITY, ST, ZIP	BALSTON LAKE, NEW YORK 12019
TITLE		6.1 TITLE	EXECUTIVE VICE PRESIDENT & DIRECTOR ☒ Change ☐ Addition
NAME		6.2 NAME	SERGIO AMITRANO
STREET ADDRESS		6.3 STREET ADDRESS	76 BENTWOOD CT.
CITY, ST, ZIP		6.4 CITY, ST, ZIP	ALBANY, NEW YORK 12203

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption under Section 190.07, 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 authorized to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on an attachment with an address.

SIGNATURE:  **JAMES P. MENZIES, PRESIDENT & CEO** 4/26/95
(Signature and typed name of signing officer or director) (Date)
 (518) 486-8936