

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P04843 (9)
1. Corporation Name
KEY FINANCIAL SERVICES INC.



Principal Place of Business
66 SOUTH PEARL STREET
ALBANY NY 12207

Mailing Address
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	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 14-1661346	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	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				85 FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCBP	1.1 TITLE	
NAME	BOJDAK, ROBERT J	1.2 NAME	
STREET ADDRESS	2200 NISKAYUNA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NISKAYUNA NY 12309	1.4 CITY-ST-ZIP	
TITLE	TCFO	2.1 TITLE	
NAME	RILEY, KEVIN P.	2.2 NAME	
STREET ADDRESS	4 HEMLOCK LANE	2.3 STREET ADDRESS	329 Timber Ridge trail
CITY-ST-ZIP	EAST GREENBUSH NY	2.4 CITY-ST-ZIP	Gate Mills, OH 44040
TITLE	SGD	3.1 TITLE	
NAME	CAVOLI, MAE	3.2 NAME	
STREET ADDRESS	5906 FOREST POINT DRIVE	3.3 STREET ADDRESS	35 Highpoint Dr.
CITY-ST-ZIP	CLIFTON PARK NY	3.4 CITY-ST-ZIP	Troy NY 12182
TITLE	ATAS	4.1 TITLE	
NAME	WADE, ROBERT P	4.2 NAME	
STREET ADDRESS	24 MERIDIAN LANE	4.3 STREET ADDRESS	600002448826
CITY-ST-ZIP	BALSTON LAKE NY	4.4 CITY-ST-ZIP	-03/06/98--01009--021
TITLE	D	5.1 TITLE	Director
NAME	MOLYNEUX, RICHARD A	5.2 NAME	Robert Curley
STREET ADDRESS	23 SCHUYLER HILLS RD.	5.3 STREET ADDRESS	24 West Over Road
CITY-ST-ZIP	LOUDONVILLE NY 12211	5.4 CITY-ST-ZIP	Slingerlands NY 12159
TITLE	D	6.1 TITLE	
NAME	MAROTTA, RICHARD M	6.2 NAME	
STREET ADDRESS	2090 SCOTCH SCHURCH RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PATTERSONVILLE NY 12137	6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE _____