

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90020 049 \*\*\*150.00

DOCUMENT # P04843

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

3. Date Incorporated or Qualified

01/31/1985

4. FEI Number

14-1661346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 22 Corporate Woods

23 City & State

27 Suite, Apt. #, etc.

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCBP  
NAME BOJDAK, ROBERT J  
STREET ADDRESS 2200 NISKAYUNA DR.  
CITY-ST-ZIP NISKAYUNA NY 12309

☐ DELETE

TITLE TCFO  
NAME RILEY, KEVIN P.  
STREET ADDRESS 329 TIMBER RIDGE TR.  
CITY-ST-ZIP GATE HILLS OH 44040

☐ DELETE

TITLE SGD  
NAME CAVOLI, MAE  
STREET ADDRESS 35 HIGHPOINT DR.  
CITY-ST-ZIP TROY NY 12182

☐ DELETE

TITLE ATAS  
NAME WADE, ROBERT P  
STREET ADDRESS 24 MERIDIAN LANE  
CITY-ST-ZIP BALSTON LAKE NY

☐ DELETE

TITLE D  
NAME CURLEY, ROBERT  
STREET ADDRESS 24 WEST OVER RD.  
CITY-ST-ZIP SLINGERLANDS NY 12159

☐ DELETE

TITLE D  
NAME MAROTTA, RICHARD M  
STREET ADDRESS 2090 SCOTCH SCHURCH RD.  
CITY-ST-ZIP PATTERSONVILLE NY 12137

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Joseph Senecal  
1.3 STREET ADDRESS 22 Corporate Woods  
1.4 CITY-ST-ZIP Albany NY 12211

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 127 Public Square  
2.3 STREET ADDRESS Cleveland, OH 44040  
2.4 CITY-ST-ZIP

Address  
changes

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 66 South Pearl Street  
3.3 STREET ADDRESS Albany NY 12207  
3.4 CITY-ST-ZIP

Address  
change

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME 54 State Street  
4.3 STREET ADDRESS Albany NY 12207  
4.4 CITY-ST-ZIP

Address  
change

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME 66 South Pearl St  
5.3 STREET ADDRESS Albany NY 12207  
5.4 CITY-ST-ZIP

Address  
change

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME 66 South Pearl St  
6.3 STREET ADDRESS Albany NY 12207  
6.4 CITY-ST-ZIP

Address  
change

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)