

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04843

1. Entity Name

KEY FINANCIAL SERVICES INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90012 025 ***150.00

Principal Place of Business

Mailing Address

66 SOUTH PEARL STREET
ALBANY NY 12207

22 CORPORATE WOODS
5TH FLOOR
ALBANY NY 12211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1661346

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Treasurer
NAME Joseph H. Senecal
STREET ADDRESS 22 Corporate Woods Blvd
CITY-ST-ZIP Albany NY 12211 ☐ Change ☒ Addition

TITLE TCFO
NAME RILEY, KEVIN P.
STREET ADDRESS 127 PUBLIC SQUARE
CITY-ST-ZIP CLEVELAND OH 44040 ☐ Delete

TITLE Secretary
NAME Forrest Stanley
STREET ADDRESS 127 Public Square
CITY-ST-ZIP Cleveland, OH. 44114 ☐ Change ☒ Addition

TITLE SGD
NAME CAVOLI, MAE
STREET ADDRESS 66 SOUTH PEARL STREET
CITY-ST-ZIP ALBANY NY 12207 ☒ Delete

TITLE Vice President
NAME Thomas E. Hahn
STREET ADDRESS 800 Superior Ave
CITY-ST-ZIP Cleveland OH 44114 ☐ Change ☒ Addition

TITLE ATAS
NAME WADE, ROBERT P
STREET ADDRESS 54 STATE STREET
CITY-ST-ZIP ALBANY NY 12207 ☒ Delete

TITLE Asst. Secretary
NAME Steve Bulloch
STREET ADDRESS 127 Public Square
CITY-ST-ZIP Cleveland OH 44114 ☐ Change ☒ Addition

TITLE D
NAME CURLEY, ROBERT
STREET ADDRESS 66 SOUTH PEARL STREET
CITY-ST-ZIP ALBANY NY 12207 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MAROTTA, RICHARD M
STREET ADDRESS 66 SOUTH PEARL STREET
CITY-ST-ZIP ALBANY NY 12207 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 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 #

(518) 391-6281
Melon Delton

1/28/00