

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 MAY 31 AM 9:37

**DOCUMENT # P05693 (7)**

1. Corporation Name  
**KYOVEST FINANCIAL SERVICES INC.**

Principal Place of Business 127 PUBLIC SQUARE, 6TH FLOOR CLEVELAND OH 44114-1306 US	Mailing Address C/O CORPORATE TAX 127 PUBLIC SQ 13TH FLOOR CLEVELAND OH 44114-1306 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>54 STATE ST</u> Suite, Apt. #, etc. 22 City & State 23 <u>ALBANY, NY</u> Zip 24 <u>12207</u> Country 25 <u>USA</u>	2a. Mailing Address 26 <u>P.O. Box 655</u> Suite, Apt. #, etc. 27 City & State 28 <u>ALBANY, NY</u> Zip 29 <u>12201</u> Country 30 <u>USA</u>
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3. Date Incorporated or Qualified <b>04/16/1985</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>31-1046643</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 (hand or printed name of registered agent and title if applicable) (PRINT) Registered Agent signature required when retaining (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLINI, LAWRENCE, J</b>	1.2 NAME	<b>FREDERICK E. WOLFERT</b>
STREET ADDRESS	<b>127 PUBLIC SQUARE</b>	1.3 STREET ADDRESS	<b>54 STATE ST</b>
CITY - ST - ZIP	<b>CLEVELAND OH</b>	1.4 CITY - ST - ZIP	<b>ALBANY, NY 12207</b>
TITLE	<b>D</b>	2.1 TITLE	<b>EXEC. VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNAPP, PETER O</b>	2.2 NAME	<b>J. MICHAEL FITZGIBBONS</b>
STREET ADDRESS	<b>34 N MAIN ST</b>	2.3 STREET ADDRESS	<b>54 STATE ST</b>
CITY - ST - ZIP	<b>DAYTON OH</b>	2.4 CITY - ST - ZIP	<b>ALBANY, NY 12207</b>
TITLE	<b>P</b>	3.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESPOSITO, A. J.</b>	3.2 NAME	<b>JAMES E. GUZOWICH</b>
STREET ADDRESS	<b>127 PUBLIC SQUARE</b>	3.3 STREET ADDRESS	<b>54 STATE ST.</b>
CITY - ST - ZIP	<b>CLEVELAND OH</b>	3.4 CITY - ST - ZIP	<b>ALBANY, NY 12207</b>
TITLE	<b>DC</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISHELL, JAMES A.</b>	4.2 NAME	
STREET ADDRESS	<b>127 PUBLIC SQUARE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEVELAND OH</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VT</b>	5.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLINSKI, JOSEPH F.</b>	5.2 NAME	<b>ERIC P. RASMUSSEN</b>
STREET ADDRESS	<b>127 PUBLIC SQUARE</b>	5.3 STREET ADDRESS	<b>127 PUBLIC SQUARE</b>
CITY - ST - ZIP	<b>CLEVELAND OH</b>	5.4 CITY - ST - ZIP	<b>CLEVELAND, OH 44114</b>
TITLE	<b>AS</b>	6.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINTZ, STUART A.</b>	6.2 NAME	
STREET ADDRESS	<b>127 PUBLIC SQUARE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEVELAND OH</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 a 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 a call sheet with an address.

SIGNATURE:  **5/22/95** (518) 487-4709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**J. MICHAEL FITZGIBBONS, EXEC. V.P.**