

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 856994

**Entity Name:** KEYBANC CAPITAL MARKETS INC.

**Current Principal Place of Business:**

127 PUBLIC SQUARE  
CLEVELAND, OH 44114

**Current Mailing Address:**

127 PUBLIC SQUARE  
CLEVELAND, OH 44114

**FEI Number:** 34-1391952

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name PREISER, DOUGLAS W  
Address 127 PUBLIC SQUARE  
City-State-Zip: CLEVELAND OH 44114

Title CFO, DIRECTOR  
Name KOVACHICK, MARK A.  
Address 127 PUBLIC SQUARE  
City-State-Zip: CLEVELAND OH 44114

Title SECRETARY  
Name WISE, THOMAS R.  
Address 127 PUBLIC SQUARE  
City-State-Zip: CLEVELAND OH 44114

Title PRESIDENT, DIRECTOR  
Name PAINE, ANDREW J. III  
Address 127 PUBLIC SQUARE  
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR  
Name SCHOSSER, DOUGLAS M.  
Address 127 PUBLIC SQUARE  
City-State-Zip: CLEVELAND OH 44114

Title CFO, DIRECTOR  
Name KOVACHICK, MARK A.  
Address 127 PUBLIC SQUARE  
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR  
Name GARDNER, MARK T.  
Address 127 PUBLIC SQUARE  
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR  
Name JANOFKY, PAULA M.  
Address 127 PUBLIC SQUARE  
City-State-Zip: CLEVELAND OH 44114

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS R. WISE

**SECRETARY**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SANDBO, SCOTT E.  
Address        127 PUBLIC SQUARE  
City-State-Zip: CLEVELAND OH 44114

Title           DIRECTOR  
Name           HAYDEN, WILLIAM P.  
Address        127 PUBLIC SQUARE  
City-State-Zip: CLEVELAND OH 44114