FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300001466233
-04/27/95--01029--012
****200.00 ****200.00

DOCUMENT # **P10616** **(1)**

1. Corporation Name
MELLON FINANCIAL SERVICES CORPORATION #17

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
ROOM 772 ONE MELLON BANK CENTER PITTSBURGH PA 15258 US	ROOM 772 ONE MELLON BANK CENTER PITTSBURGH PA 15258 US

3. Date Incorporated or Qualified: **07/01/1986**
3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **51-0292871** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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 **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	11 TITLE	☐ Change ☐ Addition
NAME	LANSINGER, MARK P.	12 NAME	
STREET ADDRESS	ONE MELLON BNK CNTR, 772	13 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	14 CITY-ST-ZIP	
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, W. KEITH	22 NAME	
STREET ADDRESS	ONE MELLON BANK CENTER 4700	23 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	WOODS, ALLAN P.	32 NAME	
STREET ADDRESS	ONE MELLON BNK CNTR 772	33 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH PA	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	YODER, STEPHEN A.	42 NAME	
STREET ADDRESS	ONE MELLON BANK CENTER 1935	43 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH PA	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	WISE, CAROLE C.	52 NAME	
STREET ADDRESS	ONE MELLON BANK CENTER 1820	53 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH PA	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☒ Change ☐ Addition
NAME	MOSSMAN, DAVID K	62 NAME	Bonacchi, Bruno A
STREET ADDRESS	ONE MELLON BANK CENTER 4010	63 STREET ADDRESS	MELLON BANK
CITY ST ZIP	PITTSBURGH PA	64 CITY-ST-ZIP	PITTSBURGH PA 15258

4/20/95 MSK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mark P. Lansinger 4/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001466 CP