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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P10616 (1)
1. Corporation Name
MELLON FINANCIAL SERVICES CORPORATION #17



Principal Place of Business: ROOM 772 ONE MELLON BANK CENTER PITTSBURGH PA 15258 US
Mailing Address: ROOM 772 ONE MELLON BANK CENTER PITTSBURGH PA 15258-0001 US

3. Date Incorporated or Qualified: 07/01/1986
3a. Date of Last Report: 04/23/1996
4. FEI Number: 51-0292871
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> DELETE
NAME	LANSINGER, MARK P.	
STREET ADDRESS	ONE MELLON BNK CNTR, 772	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SMITH, W. KEITH	
STREET ADDRESS	ONE MELLON BANK CENTER 4700	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOODS, ALLAN P.	
STREET ADDRESS	ONE MELLON BNK CNTR 772	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITEMAN, BARBARA J.	
STREET ADDRESS	ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GEIGER, JAMES R.	
STREET ADDRESS	ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BONACCHI, BRUNO A	
STREET ADDRESS	MELLON BANK	
CITY-ST-ZIP	PITTSBURGH PA 15258	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	One mellon Bank Center, 772
1.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Pittsburgh, PA 15258-0001
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Four mellon Bank Center, 464
3.4 CITY-ST-ZIP	Pittsburgh, PA 15259-0001
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	One mellon Bank Center, 1820
4.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Two mellon Bank Center, 975
5.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Two mellon Bank Center, 325
6.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001

14. I do 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.

SIGNATURE: *Mark P. Lansinger* Mark P. Lansinger 4/23/97 412-234-6083

CR2E034 (9/96)