

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007272

Entity Name: BNY MELLON INVESTMENT SERVICING (U.S.) INC.**Current Principal Place of Business:**301 BELLEVUE PARKWAY
WILMINGTON, DE 19809**Current Mailing Address:**301 BELLEVUE PARKWAY
WILMINGTON, DE 19809 US**FEI Number:** NOT APPLICABLE**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 PRESIDENT, DIRECTOR
Name HOLMQUIST, CALVIN
Address 301 BELLEVUE PARKWAY
City-State-Zip: WILMINGTON DE 19809

Title SECRETARY
Name BRENNAN, AMY E.
Address 301 BELLEVUE PARKWAY
City-State-Zip: WILMINGTON DE 19809

Title CFO
Name BAWIEC, JOSEPH G.
Address 301 BELLEVUE PARKWAY
City-State-Zip: WILMINGTON DE 19809

Title DIRECTOR
Name FARLESE, STEVEN
Address 301 BELLEVUE PARKWAY
City-State-Zip: WILMINGTON DE 19809

Title DIRECTOR
Name DENOFRIO, MICHAEL
Address 301 BELLEVUE PARKWAY
City-State-Zip: WILMINGTON DE 19809

Title DIRECTOR
Name MATHISEN, ROBERT F. JR.
Address 301 BELLEVUE PARKWAY
City-State-Zip: WILMINGTON DE 19809

Title DIRECTOR
Name FOGARTY, ANN
Address 301 BELLEVUE PARKWAY
City-State-Zip: WILMINGTON DE 19809

Title DIRECTOR
Name KRAMER, DANIEL G.
Address 301 BELLEVUE PARKWAY
City-State-Zip: WILMINGTON DE 19809

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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: CLAUDINE ORLOSKI**ASSISTANT TREASURER - 03/30/2016
TAX**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	ASSISTANT TREASURER - TAX
Name	ORLOSKI, CLAUDINE
Address	301 BELLEVUE PARKWAY
City-State-Zip:	WILMINGTON DE 19809