#### **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000000624

**Entity Name: MELLON INVESTMENTS CORPORATION** 

**FILED** May 30, 2020 **Secretary of State** 7684266308CC

# **Current Principal Place of Business:**

BNY MELLON CENTER, 1 BOSTON PLACE

BOSTON, MA 02108

### **Current Mailing Address:**

BNY MELLON CENTER, 1 BOSTON PLACE BOSTON, MA 02108 US

FEI Number: 25-1442864 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, CEO Title CFO, TREASURER MAC INTYRE, JAMES DESMOND WERTZ, PARKER Name Name

BNY MELLON CENTER, 1 BOSTON BNY MELLON CENTER, 1 BOSTON Address Address **PLACE** 

**PLACE** 

City-State-Zip: BOSTON MA 02108 City-State-Zip: BOSTON MA 02108

Title ASSISTANT TREASURER - TAX Title **SECRETARY** Name ORLOSKI, CLAUDINE Name HELSCHER, ALICE BNY MELLON CENTER, ROOM 3210 550 FREMONT ST. Address Address

City-State-Zip: SAN FRANCISCO CA 94105 City-State-Zip: PITTSBURGH PA 15258

Title **DIRECTOR** Title DIRECTOR

Name MAC INTYRE. JAMES DESMOND HARRIS, MITCHELL EVAN Name Address BNY MELLON CENTER, 1 BOSTON BNY MELLON CENTER, 1 BOSTON Address

**PLACE PLACE** 

BOSTON MA 02108 City-State-Zip: BOSTON MA 02108 City-State-Zip:

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 - 05/30/2020 TAX

Electronic Signature of Signing Officer/Director Detail

Date