

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000000624

**FILED**  
**Apr 25, 2021**  
**Secretary of State**  
**6803032751CC**

**Entity Name:** MELLON INVESTMENTS CORPORATION

**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 DIRECTOR  
Name MICHAEL , GERMANO  
Address BNY MELLON CENTER, 1 BOSTON PLACE  
City-State-Zip: BOSTON MA 02108

Title DIRECTOR  
Name JAMES , MACINTYRE  
Address BNY MELLON CENTER, 1 BOSTON PLACE  
City-State-Zip: BOSTON MA 02108

Title DIRECTOR  
Name TINA , KING  
Address BNY MELLON CENTER, 1 BOSTON PLACE  
City-State-Zip: BOSTON MA 02108

Title DIRECTOR  
Name HANNEKE , SMITS  
Address BNY MELLON CENTER, 1 BOSTON PLACE  
City-State-Zip: BOSTON MA 02108

Title DIRECTOR  
Name RENEE , LAROCHE-MORRIS  
Address BNY MELLON CENTER, 1 BOSTON PLACE  
City-State-Zip: BOSTON MA 02108

Title ASST. TREASURER  
Name CLAUDINE , FERGUSON  
Address BNY MELLON CENTER, 1 BOSTON PLACE  
City-State-Zip: BOSTON MA 02108

Title PRESIDENT  
Name JAMES , MACINTYRE  
Address BNY MELLON CENTER, 1 BOSTON PLACE  
City-State-Zip: BOSTON MA 02108

Title TREASURER  
Name PARKER , WERTZ  
Address BNY MELLON CENTER, 1 BOSTON PLACE  
City-State-Zip: BOSTON MA 02108

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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 , FERGUSON

**ASST. TREASURER**

**04/25/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            ALICE , HELSCHER  
Address        BNY MELLON CENTER, 1 BOSTON PLACE  
City-State-Zip: BOSTON MA 02108