

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90014 008 ***150.00

DOCUMENT # F97000000348 1. Entity Name MELLON LEASING CORPORATION			
Principal Place of Business ONE MELLON BANK CENTER ROOM 772 PITTSBURGH, PA 15258		Mailing Address ONE MELLON BANK CENTER ROOM 772 PITTSBURGH, PA 15258	
2. Principal Place of Business <i>One Mellon Center</i> Suite, Apt. #, etc. <i>Room 772</i>		3. Mailing Address <i>One Mellon Center</i> Suite, Apt. #, etc. <i>Room 772</i>	
City & State <i>Pittsburgh, PA</i>		City & State <i>Pittsburgh, PA</i>	
Zip <i>15258</i>		Zip <i>15258</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 25-1233607		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WESOLEK, EDWARD J ONE MELLON CENTER ROOM 4444 PITTSBURGH, PA 152580001	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Fosnight, Linda One Mellon Center, Room 4444 Pittsburgh, PA 15258-0001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HEISER, JOSEPH ONE MELLON CENTER ROOM 4826 PITTSBURGH, PA 152580001	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Arrington, Richard One Mellon Center, Room 4500 Pittsburgh, PA 15258-0001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOLSOM, ARTHUR JR 4444 ONE MELLON CENTER PITTSBURGH, PA 152580001	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>J. S. Huber</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Joanne S. Huber, AT	
DATE: _____		Daytime Phone #: 412-234-1334	