

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90105 036 ***150.00

DOCUMENT # F97000006494

1. Entity Name

MELLON INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

**345 E. 8TH AVE.
HOMESTEAD PA 15120****345 E. 8TH AVE.
HOMESTEAD PA 15120-1517**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1300868**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MALLOY, MICHAEL L	
STREET ADDRESS	345 E.8TH AVE.	
CITY-ST-ZIP	HOMESTEAD PA	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	LANSINGER, MARK P	
STREET ADDRESS	772 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15258	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOLESKI, JEAN	
STREET ADDRESS	345 E.8TH AVE.	
CITY-ST-ZIP	HOMESTEAD PA	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ULRICH, JOHN D	
STREET ADDRESS	345 E.8TH AVE.	
CITY-ST-ZIP	HOMESTEAD PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Philip K. Kocher	
STREET ADDRESS	345 E. 8th Ave.	
CITY-ST-ZIP	Homestead, PA 15120	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Joanne E. Scivillo	
STREET ADDRESS	772 One Mellon Bank Ctr.	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	Homestead, PA 15120	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Donald B. Jacobson	
STREET ADDRESS	345 E. 8th Ave.	
CITY-ST-ZIP	Homestead, PA 15120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne E. Scivillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

412-234-1334