

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006494

1. Entity Name
MELLON INSURANCE AGENCY, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90054 045 ***150.00

Principal Place of Business

Mailing Address

345 E. 8TH AVE.
HOMESTEAD PA 15120

345 E. 8TH AVE.
HOMESTEAD PA 15120

2. Principal Place of Business

3. Mailing Address

One Mellon Center

One Mellon Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4905

Suite 4905

City & State

City & State

Pittsburgh, PA

Pittsburgh, PA

Zip

Country

Zip

Country

15258

USA

15258

USA

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOCHER, PHILIP K	
STREET ADDRESS	345 E 8 TH AVE	
CITY-ST-ZIP	HOMESTEAD PA 15120	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	SCIULLO, JOANNE E	
STREET ADDRESS	772 ONE MELLON BANK CTR	
CITY-ST-ZIP	PITTSBURG PA 15258	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KOLESKI, JEAN	
STREET ADDRESS	345 E.8TH AVE.	
CITY-ST-ZIP	HOMESTEAD PA 15120	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, DONALD B	
STREET ADDRESS	345 E 8TH AVE	
CITY-ST-ZIP	HOMESTEAD PA 15120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth J. Schweiger	
STREET ADDRESS	One Mellon Bank Center, Suite 4905	
CITY-ST-ZIP	Pittsburgh, PA 15258	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen J. Geis	
STREET ADDRESS	One Mellon Center, Suite 5150	
CITY-ST-ZIP	Pittsburgh, PA	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Koleski	
STREET ADDRESS	One Mellon Center, Suite 4905	
CITY-ST-ZIP	Pittsburgh, PA 15258	
TITLE	D/V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip K. Kocher	
STREET ADDRESS	One Mellon Center, Suite 4905	
CITY-ST-ZIP	Pittsburgh, PA 15258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/01

412-236-2222

CR2E034 (10/00)