

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 30 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

MELLON INSURANCE AGENCY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
One Mellon Center  
Suite, Apt. #, etc.  
4905

3. Mailing Address  
One Mellon Center  
Suite, Apt. #, etc.  
4905

DO NOT WRITE IN THIS SPACE

City & State  
Pittsburgh, PA

City & State  
Pittsburgh, PA

4. FEI Number  
25-1300863

Applied For  
Not Applicable

Zip  
15258-0001

Country  
Allegheny

Zip  
15258-0001

Country  
Allegheny

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City  
Plantation

FL

Zip Code  
33324

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

KEVIN A. Sebastian, Asst. Secy.

7/24/02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kenneth J. Bradle 10 Cherokee Lane Commack, NY 11725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Philip K. Kocher 154 Bittersweet Circle Venetia, PA 15367
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Edward J. Wesolek 452 D Street Pittsburgh, PA 15238
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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip K. Kocher

7/3/02

412-346-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)