

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90022 022 \*\*\*150.00

**DOCUMENT # F97000006494**

1. Entity Name  
MELLON INSURANCE AGENCY, INC.



Principal Place of Business  
ONE MELLON CENTER  
ROOM 772  
PITTSBURGH, PA 15258 US

Mailing Address  
ONE MELLON CENTER  
ROOM 772  
PITTSBURGH, PA 15258 US

40000008



01032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
25-1300868

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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 ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME KOCHER, PHILIP K  
STREET ADDRESS 154 BITTERSWEET CIRCLE  
CITY-ST-ZIP VENETIA, PA 15367

TITLE D ☐ Delete  
NAME BRADLE, KENNETH L  
STREET ADDRESS 10 CHEROKEE LANE  
CITY-ST-ZIP COMMACK, NY 11725

TITLE D ☒ Delete  
NAME WESOLEK, EDWARD  
STREET ADDRESS 452 D STREET  
CITY-ST-ZIP PITTSBURGH, PA 15238

TITLE AT ☐ Delete  
NAME HUBER, JOANNE S  
STREET ADDRESS ONE MELLON CENTER ROOM 772  
CITY-ST-ZIP PITTSBURGH, PA 152580001

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Nesbit, David  
STREET ADDRESS 675 One Mellon Center  
CITY-ST-ZIP Pittsburgh, PA 15258-6001

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Joanne S. Huber* **Joanne S. Huber, AT** 1/7/05 412-234-1334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #