


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006494 1. Entity Name MELLON INSURANCE AGENCY, INC.	
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Principal Place of Business ONE MELLON CENTER ROOM 772 PITTSBURGH, PA 15258 US	Mailing Address ONE MELLON CENTER ROOM 772 PITTSBURGH, PA 15258 US
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1300868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ U000000382718
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 01/12/06-80024-018 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCHER, PHILIP K 154 BITTERSWEET CIRCLE VENETIA, PA 15367
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLE, KENNETH L 10 CHEROKEE LANE COMMACK, NY 11725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NESBIT, DAVID 675 ONE MELLON CENTER PITTSBURGH, PA 152580001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HUBER, JOANNE S ONE MELLON CENTER ROOM 772 PITTSBURGH, PA 152580001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* 1/6/06 412-234-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #