1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F98000002769

1. Corporation Name

RICHARD KING MELLON FOUNDATION, INC.

Principal Place of Business PO BOX 690 LIGONIER PA 15658 Mailing Address

PO BOX 690 LIGONIER PA 15658

## FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90028 004 \*\*\*\*70.00



2. Principal Pl	ace of Business	2a. Mailing Address		Date Incorporated or Qualifed			
21		26		05/15/1998			
Suite, Apt.	#, etc.	Suite, Apt, #, etc.		4. FEI Number	Apr	olied For	
22		27		25-1127705		Applicable	
City & State	В	City & State		5. Certifcate of Status Desired	\$8.75 A		
23		28			Fee Re	<u></u>	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00		
24	25	29 30	<u> </u>	Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current	Registered Agent	04 Norman	10. Name and Address of New Register	rea Agent		
			81 Name				
SPIELVOGEL, LEONARD				82 Street Address (P.O. Box Number is Not Acceptable)			
101 SO. COURTENAY PARKWAY, STE. 201							
MERRITT ISLAND FL 32952-4855			83			İ	
			84 City	84 City 85 Zip Code			
			'		L		
11. Pursuant to the provisions of Sections 617.0502 and 617.7508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, if the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. If am familiar with an accept the above and of or submit and accept the appointment as registered agent. If am familiar with an accept the above and of or submit a submit and of or submit a submit and or submit a submit							
SIGNATURE	- 1 (0 X0 V(X)	100		3/10/	19 _		
	Signature yped prime parte of registered poet	, , , , ,	gistered Agent signature r		AND DIDECTO	DC IN 10	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	PD	DELETE	1.1 TITLE		Change	☐ Addicon	
NAME	MELLON, SEWARD P	)	1.2 NAME				
STREET ADDRESS	ROUTE 381 - ROLLING ROCK FA	ARMS	1.3 STREET ADDRESS				
CITY-ST-ZIP	LIGONIER PA 15658		1.4 CITY+ST+ZIP			- A 4 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	WATSON, MICHAEL		2.2 NAME				
STREET ADDRESS	ROUTE 381 - ROLLING ROCK F	ARMS	2.3 STREET ADORESS				
CITY-ST-ZIP	LIGONIER PA 15658		2.4 CITY-ST-ZIP				
TITLE	\$	☐ DELETE	3.1 TITLE		Change	Addition	
NAME	IZZO, SCOTT D	•	3.2 NAME				
STREET ADDRESS	ROUTE 381 - ROLLING ROCK F.	arms	3.3 STREET ADDRESS	N 1/2 ₩			
CITY-ST-ZIP	LIGONIER PA 15658		34, CITY-ST-ZIP				
TITLE	Ť	☐ DELETE	4.1 TITLE	Т	☐ Change	Addition	
NAME	MILTENBERGER, ARTHUR D		4. 2 NAME	_			
STREET ADDRESS	<b>ROUTE 381 - ROLLING ROCK F.</b>	ARMS	4.3 STREET ADORESS	Robert B. Burr, Jr.	En		
CITY-ST-ZIP	LIGONIER PA 15658		4.4 CITY-ST-ZIP	Route 381 - Rolling Rock	rarms		
TITLE	C	DELETE	5.1 TITLE	Bigonier, th 19090	☐ Change	☐ Addition	
NAME	MELLON, RICHARD P		5.2 NAME		•		
STREET ADDRESS	<b>ROUTE 381 - ROLLING ROCK F</b>	ARMS	5.3 STREET ADDRESS				
CITY-ST-ZIP	LIGONIER PA 15658		5.4 CITY-ST-ZIP		•		
TITLE	VC	Q DELETE	6.1 TITLE	VC	☐ Change	Addition	
NAME	MATHIESON, ANDREW W	Δ	6.2 NAME	Mason Walsh, Jr.			
STREET ADDRESS:	ROUTE 381 - ROLLING ROCK F	ARMS	6.3 STREET ADDRESS	Route 381 - Rolling Rock	Farme		
STREET ADDRESS	LICONIED DA 15660	u unu	6.4 CITY ST. ZIP	Route 301 - ROTTING ROCK	r ar mp		

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 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 DIRECTO

1-25-99 (4/2)392-2800

Daytime Phone

CR2E037 (11/9