

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 11, 2002 8:00 am**
Secretary of State

02-11-2002 90106 014 ****61.25

DOCUMENT # F98000002769

1. Entity Name

RICHARD KING MELLON FOUNDATION, INC.

Principal Place of Business

Mailing Address

PO BOX 690
LIGONIER PA 15658**PO BOX 690**
LIGONIER PA 15658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-1127705

Applied For

Not Applicable

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

SPIELVOGEL, LEONARD
101 SO. COURTENAY PARKWAY, STE. 201
MERRITT ISLAND FL 32952-4855

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

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MELLON, SEWARD P**
STREET ADDRESS **ROUTE 381 - ROLLING ROCK FARMS**
CITY-ST-ZIP **LIGONIER PA 15658**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **WATSON, MICHAEL**
STREET ADDRESS **ROUTE 381 - ROLLING ROCK FARMS**
CITY-ST-ZIP **LIGONIER PA 15658**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **IZZO, SCOTT D**
STREET ADDRESS **ROUTE 381 - ROLLING ROCK FARMS**
CITY-ST-ZIP **LIGONIER PA 15658**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **BURR, ROBERT B JR**
STREET ADDRESS **RT 381 ROLLING ROCK FARMS**
CITY-ST-ZIP **LIGONIER PA 15658**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **C** ☐ Delete
NAME **MELLON, RICHARD P**
STREET ADDRESS **ROUTE 381 - ROLLING ROCK FARMS**
CITY-ST-ZIP **LIGONIER PA 15658**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VC** ☒ Delete
NAME **WALSH, MASON JR**
STREET ADDRESS **ROUTE 381 - ROLLING ROCK FARMS**
CITY-ST-ZIP **LIGONIER PA 15658**TITLE **V** ☐ Change ☒ Addition
NAME **Lawrence S. Busch**
STREET ADDRESS **Route 381 - Rolling Rock Farms**
CITY-ST-ZIP **Ligonier, PA 15658**

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 617, 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:

MICHAEL WATSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02 (724)238-5295

CP2E037 (9/01)