

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-10-2004 90106 023 ****50.00

DOCUMENT # M02000000137

1. Entity Name

MELLON SECURITIES LLC



Principal Place of Business
85 CHALLENGER RD.
RIDGEFIELD PARK NJ 07660

Mailing Address
ONE MELLON CENTER
ROOM 772
PITTSBURGH PA 15258-0001
US

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
22-3582948

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAG

TITLE MGRM
NAME MELLON INVESTOR SE
STREET ADDRESS 85 CHALLENGER RD.
CITY- ST- ZIP RIDGEFIELD PARK NJ

TITLE
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STREET ADDRESS
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*Title changed
as of
2/17/04*

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Managing member
Mellon Human Resources + Investor Solutions, Inc.
772 One Mellon Center
Pittsburgh, PA 15258-0001

TITLE
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STREET ADDRESS
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CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joanne S. Huber Asst. Treasurer 2/3/04 412-234-1324

Date

Daytime Phone #