2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000013040

1. Entity Name
MELLON CONSULTANTS, LLC

Principal Place of Business	Mailing Address
ONE PENNSYLVANIA PLAZA NEW YORK, NY 10119	ONE PENNSYLVANIA PLAZA NEW YORK, NY 10119

04152005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3954297
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000322428
04/22/05-80005-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ARAMANDA, JAMES D
STREET ADDRESS	105 CHALLENGER ROAD
CITY-ST-ZIP	RIDGEFIELD PARK, NJ 07660
TITLE	MGR
NAME	ELLIOTT, STEVEN G
STREET ADDRESS	4700 ONE MELLON CENTER
CITY-ST-ZIP	PITTSBURGH, PA 15258
TITLE	MGR
NAME	FESSLER, THOMAS A
STREET ADDRESS	ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK, NY 101194798
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joanne S. Huber, AT J S Huber 4/18/05 412-234-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #