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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

MCDONALD MELLON ASSET MANAGEMENT COMPANY LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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REINSTATEMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # M10000001651																															
1. Limited Liability Company's Name Standish Mellon Asset Management Company LLC																															
2. Principal Office Address - No P.O. Box # BNY Mellon Center Suite, Apt. #, etc. One Boston Place City & State Boston, MA Zip 02108-4408		3. Mailing Office Address BNY Mellon Center Suite, Apt. #, etc. One Boston Place City & State Boston, MA Zip 02108-4408																													
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida April 9, 2010																													
6. FEI Number 25-1890416		Applied For ☐ Not Applicable																													
7. CERTIFICATE OF STATUS DESIRED ☒ \$3.00 Additional Fee required for a Certificate of Status																															
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324		E-mail Address: cristina.rice@bnymellon.com (To be used for future annual report notices)																													
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent Curt Kreisel Curt Kreisel, Asst. Sec. Date 10/19/2011 REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.9em;"> <thead> <tr> <th style="width: 10%;">Title</th> <th style="width: 30%;">Name of Managing Member/Manager</th> <th style="width: 40%;">Street Address of Each Managing Member/Manager</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Mitchell E. Harris</td> <td>BNY Mellon Center, One Boston Place</td> <td>Boston, MA 02108-4408</td> </tr> <tr> <td>MGR</td> <td>Edward H. Ladd</td> <td>BNY Mellon Center, One Boston Place</td> <td>Boston, MA 02108-4408</td> </tr> <tr> <td>MGR</td> <td>Desmond Mac Intyre</td> <td>BNY Mellon Center, One Boston Place</td> <td>Boston, MA 02108-4408</td> </tr> <tr> <td>MGR</td> <td>Scott Wennerholm</td> <td>BNY Mellon Center, One Boston Place</td> <td>Boston, MA 02108-4408</td> </tr> <tr> <td>MGR</td> <td>Alex Over</td> <td>BNY Mellon Center, One Boston Place</td> <td>Boston, MA 02108-4408</td> </tr> <tr> <td>MGR</td> <td>Charles Dolan</td> <td>400 South Hope Street, Mellon Bank Center</td> <td>Los Angeles, CA 90071</td> </tr> </tbody> </table>				Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Mitchell E. Harris	BNY Mellon Center, One Boston Place	Boston, MA 02108-4408	MGR	Edward H. Ladd	BNY Mellon Center, One Boston Place	Boston, MA 02108-4408	MGR	Desmond Mac Intyre	BNY Mellon Center, One Boston Place	Boston, MA 02108-4408	MGR	Scott Wennerholm	BNY Mellon Center, One Boston Place	Boston, MA 02108-4408	MGR	Alex Over	BNY Mellon Center, One Boston Place	Boston, MA 02108-4408	MGR	Charles Dolan	400 South Hope Street, Mellon Bank Center	Los Angeles, CA 90071
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11. I certify that I am managing member-manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated. The limited liability company name complies the requirements of section 602.401, F.S. and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 217.15, F.S. Signature of Managing Member/Manager [Signature] Date 10/19/11 Business Phone # 617-248-6374 Typed or printed name of signing Managing Member/Manager																															

CR2E041 (9/11)

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