

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M82350

(3)

1. Corporation Name

LUCIEN LAND COMPANY, INC.

Principal Place of Business

Mailing Address

ONE MELLON BANK CENTER  
ROOM 772  
PITTSBURGH PA 15258-0001

ONE MELLON BANK CENTER  
ROOM 772  
PITTSBURGH PA 15258-0001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1988

4. FEI Number

25-1576030

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
FOWLER & CLARK, P.A.  
502 EAST PARK AVENUE  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP  
NAME HOLL, RICHARD L  
STREET ADDRESS 4850 ONE MELLON BANK CENTER  
CITY-ST-ZIP PITTSBURGH PA ☒ DELETE

1.1 TITLE DCP  
1.2 NAME Sherman L. White  
1.3 STREET ADDRESS 1535 One Mellon Bank Ctr.  
1.4 CITY-ST-ZIP Pittsburgh, PA 15258-0001 ☒ Change ☒ Addition

TITLE VP  
NAME BRANDSTATTER, JOHN F  
STREET ADDRESS 4850 ONE MELLON BANK CENTER  
CITY-ST-ZIP PITTSBURGH PA ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1535 One Mellon Bank Ctr.  
2.4 CITY-ST-ZIP Pittsburgh, PA 15258-0001 ☒ Change ☐ Addition

TITLE AT  
NAME LANSINGER, MARK P.  
STREET ADDRESS 772 ONE MELLON BANK CTR  
CITY-ST-ZIP PITTSBURGH PA ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS Pittsburgh, PA 15258-0001 ☒ Change ☐ Addition

TITLE S  
NAME WHITEMAN, BARBARA J  
STREET ADDRESS 1820 ONE MELLON BANK CENTER  
CITY-ST-ZIP PITTSBURGH PA ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 4826 One Mellon Bank Ctr.  
4.4 CITY-ST-ZIP Pittsburgh, PA 15258-0001 ☒ Change ☐ Addition

TITLE T  
NAME TAYLOR, S. LYNN  
STREET ADDRESS 740 ONE MELLON BANK CENTER  
CITY-ST-ZIP PITTSBURGH PA ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS Pittsburgh, PA 15258-0001 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE *Mark P. Lansinger* 2/16/98

CR2E034 (10/97)