2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M82350 DOCUMENT

1. Entity Name

LUCIÉN LAND COMPANY, INC.

Principal Place of Business ONE MELLON BANK CENTER **ROOM 772**

Mailing Address
ONE MELLON BANK CENTER

ROOM 772

PITTSBURGH PA 15258-0001		PITTSBURGH PA 15258-0001					
2. Principal I	Place of Business Mellon Conter	Mailing Address	1 Conter		4 10010211 101 12110 1E008 11101 01111	8011 61811 81811 61811 61811 81811 81811 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. F	25-1576030	Applied For Not Applicable	
Zip	Country	Zip	Country	5. C	Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. N	ame and Address of New Reg		
CORPORATION SERVICE COMPANY				Name			
FOWLER & CLARK, P.A.			Street A	Street Address (P.O. Box Number is Not Acceptable)			
	T PARK AVENUE		-				
TALLAHASSEE FL 32301			City	City FL Zip Code			
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered office or	registered age	ent, or both, in the State of Floric	da. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Agent signate	ure required when rei	nstating)	DATE	
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State	100 10.00		9. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADI	DITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 11	
TITLE NAME Street address City-St-Zip	P THOMPSON, J. DAVID 1 MELLON CENTER, ROOM 153 PITTSBURGH PA 15258-0001	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HUBBER, JOANNE S 1 MELLON CENTER, ROOM 772 PITTSBURG PA 15258-0001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIHSI	burah, PA	Change Addition	
ITLE NAME STREET ADDRESS NITY-ST-ZIP	S HEISER, JOSEPH E 1 MELLON CENTER, ROOM 4820 PITTSBURGH PA 15258-0001	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Heisei	r, Joseph P.	Change Addition	
ITLE NAME ITREET ADORESS ITY-ST-ZIP	T Larimeir, Albert N 1 Mellon Center, Room 532 Pittsburgh Pa 15258-0001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larim	er, Albert N	Change □ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90420 004 ***150.00

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 607, 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.

| Compared to the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered.

| Compared to the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered.

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| Compared to the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certified to the information indicated on this report to the corporation of the receiver or trustee empowered to execute this report to the corporation of the corporation of the receiver or trustee empowered to execute the corporation of the corporation of the corporation of the receiver or trustee empowered to execute the corporation of the corporation of

SIGNATURE:

412-234-1334



A Hachment# M82350 300000593

Mellon

Mellon Bank, N. A. One Mellon Center, Room 772 Pittsburgh, PA 15258-0001

January 7, 2003 **Uniform Business Report Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500 Gentlemen: The following return(s) is enclosed: 2003 Annual Report For the State of FL The company filing this return is: Lucien Land Company, Inc. A check in the amount of \$150.00 is enclosed. Very truly yours, Michelle M. Malone Michelle M. Malone Énclosure(s) Joanne S. Huber