


* 2nd and FINAL NOTICE: File on or before Sept. 26, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001351 MELLON VA PARTNER, LLC ONE MELLON BANK CENTER, 500 GRANT STREET PITTSBURGH PA 15258		1a. Principal Place of Business Address ONE MELLON BANK CENTER, 500 PITTSBURGH PA 15258	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 11/17/1998 4. FEI Number 25-1810430 APPLIED FOR	3a. State of Formation PA <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ <small>(The Registered Agent's signature is required when resigning.)</small>	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HAMM, PHILIP K	2502 ACORN COURT	WEXFORD PA
MGRM	BERTOTY, VICTOR A	2425 T. DRIVE	PITTSBURGH PA
MGRM	SMITH, ROBERT A	1632 GEORGETOWN PLACE	PITTSBURGH PA
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 presented on this annual 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <i>Joanne E Scullo</i> JOANNE E SCULLO 8/23/99 412-234-1334 <small>Signature of Registered Agent or Secretary of State</small>			

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99 SEP 20 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA