

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -5 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001351

1. Entity Name

Mellon VA Partner, LLC

Principal Place of Business

Mailing Address

One Mellon Bank Center
500 Grant Street
Pittsburgh, PA 15258

One Mellon Bank Center
500 Grant Street
Pittsburgh, PA 15258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Philip K. Hamm
One Mellon Bank Center
Pittsburgh, PA 15258

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Victor A. Bertoty
One Mellon Bank Center
Pittsburgh, PA 15258

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
Robert A. Smith
One Mellon Bank Center
Pittsburgh, PA 15258

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Assistant Treasurer
Joanne E. Sciullo
One Mellon Bank Center
Pittsburgh, PA 15258

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Virginia E. Alquist
One Mellon Bank Center
Pittsburgh, PA 15258

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

412-234-1334