APPROVED AND FILED

00 JUN -5 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

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

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

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	President [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	Philip K. Hamm	NAME	
STREET ADDRESS	One Mellon Bank Center mgr	STREET ADDRESS	
CITY - ST - ZIP	Pittsburgh, PA 15258	CITY - ST - ZIP	
TITLE	Vice President [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	Victor A. Bertoty	NAME	500003298805--2
STREET ADDRESS	One Mellon Bank Center mgr	STREET ADDRESS	-06/21/00--01047--008
CITY - ST - ZIP	Pittsburgh, PA 15258	CITY - ST - ZIP	*****50.00 *****50.00
TITLE	Treasurer [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	Robert A. Smith	NAME	
STREET ADDRESS	One Mellon Bank Center	STREET ADDRESS	
CITY - ST - ZIP	Pittsburgh, PA 15258	CITY - ST - ZIP	
TITLE	Assistant Treasurer [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	Joanne E. Sciullo mgrm	NAME	
STREET ADDRESS	One Mellon Bank Center	STREET ADDRESS	
CITY - ST - ZIP	Pittsburgh, PA 15258	CITY - ST - ZIP	
TITLE	Secretary [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	Virginia E. Alquist	NAME	
STREET ADDRESS	One Mellon Bank Center	STREET ADDRESS	
CITY - ST - ZIP	Pittsburgh, PA 15258	CITY - ST - ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E083 (11/99)

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: Joanne E. Sciullo — Joanne E. Sciullo — 412-234-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

STF FL32519F.1