

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **198000001351**

1. Entity Name

Mellon VA Partner, LLC

FILED

01 JUL -5 AM 8:47

Principal Place of Business

**One Mellon Center
500 Grant Street
Pittsburgh, PA 15258**

Mailing Address

**One Mellon Center
500 Grant Street
Pittsburgh, PA 15258**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1810430

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT 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

000004475400--0

-07/13/01--01100--017

*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE	President	<input type="checkbox"/> Delete
NAME	James D. Morrill	
STREET ADDRESS	One Mellon Center, Room 4320	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	S. Lynn Brand	
STREET ADDRESS	Two Mellon Center, Room 825	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Michele Boxberger	
STREET ADDRESS	One Mellon Center, Room 4826	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE	Assistant Treasurer	<input type="checkbox"/> Delete
NAME	Jeanne Scivillo Huber	
STREET ADDRESS	One Mellon Center, Room 772	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Philip K. Hamm	
STREET ADDRESS	Two Mellon Center, Room 725	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jeanne S. Huber

6/25/01

412-234-1334

Date

Daytime Phone #

CR2E083 (11/00)