

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90055 039 ****50.00

DOCUMENT # M98000001351

1. Entity Name
MELLON VA PARTNER, LLC



Principal Place of Business
**ONE MELLON CENTER, 500 GRANT STREET
ROOM 772
PITTSBURGH, PA 15258**

Mailing Address
**ONE MELLON CENTER, 500 GRANT STREET
ROOM 772
PITTSBURGH, PA 15258**

20000612



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1810430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	MORRILL, JAMES D
STREET ADDRESS	ONE MELLON CENTER, ROOM 4320
CITY-ST-ZIP	PITTSBURGH, PA 152580001
TITLE	TRES
NAME	BRAND, S. LYNN
STREET ADDRESS	TWO MELLON CENTER, ROOM 825
CITY-ST-ZIP	PITTSBURGH, PA 152580001
TITLE	SEE Assistant Secretary
NAME	BOYBERGER, MICHELE Joseph P. Heiser
STREET ADDRESS	ONE MELLON CENTER, ROOM 4826
CITY-ST-ZIP	PITTSBURGH, PA 152580001
TITLE	AT
NAME	HUBER, JOANNE S
STREET ADDRESS	ONE MELLON CENTER, ROOM 772
CITY-ST-ZIP	PITTSBURGH, PA 152580001
TITLE	VP
NAME	HAMM, PHILIP K
STREET ADDRESS	TWO MELLON CENTER, ROOM 725
CITY-ST-ZIP	PITTSBURGH, PA 152580001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Joanne S. Huber, AT 1/6/06 412-234-1334