

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001351

FILED
Jan 08, 2007
Secretary of State

Entity Name: MELLON VA PARTNER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 25-1810430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: MORRILL, JAMES D
Address: ONE MELLON CENTER, ROOM 4320
City-St-Zip: PITTSBURGH, PA 152580001

Title: TRES () Delete
Name: BRAND, S. LYNN
Address: TWO MELLON CENTER, ROOM 825
City-St-Zip: PITTSBURGH, PA 152580001

Title: AS () Delete
Name: HEISER, JOSEPD
Address: ONE MELLON CENTER, ROOM 4826
City-St-Zip: PITTSBURGH, PA 152580001

Title: AT () Delete
Name: HUBER, JOANNE S
Address: ONE MELLON CENTER, ROOM 772
City-St-Zip: PITTSBURGH, PA 152580001

Title: VP () Delete
Name: HAMM, PHILIP K
Address: TWO MELLON CENTER, ROOM 725
City-St-Zip: PITTSBURGH, PA 152580001

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 S. HUBER

AT

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date