

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00266 (7)
1. Corporation Name
MELLON FINANCIAL SERVICES CORPORATION #1

Principal Place of Business WILLIAMS, WILLIS F ONE MELLON BANK CENTER ROOM 2725 PITTSBURGH PA 15258 US	Mailing Address ALQUIST, VIRGINIA LEGAL AFFAIRS, 8TH FLOOR 1735 MARKET ST. PHILADELPHIA PA 19103 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/14/1983 3a. Date of Last Report 04/23/1996 4. FEI Number 51-0265620 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P STEWART, JAMIE B. JR ONE MELLON BANK CENTER PITTSBURGH PA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JAMIE B. JR	1.2 NAME	
STREET ADDRESS	ONE MELLON BANK CENTER	1.3 STREET ADDRESS	4700 One Mellon Bank Center
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	V MCQUINN, MARTIN G. 4700 ONE MELLON BNK CNTR PITTSBURGH PA	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCQUINN, MARTIN G.	2.2 NAME	Elliott, Steven G.
STREET ADDRESS	4700 ONE MELLON BNK CNTR	2.3 STREET ADDRESS	4700 One Mellon Bank Center
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	V STASIK, ROBERT W. ONE MELLON BANK CENTER PITTSBURGH PA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STASIK, ROBERT W.	3.2 NAME	
STREET ADDRESS	ONE MELLON BANK CENTER	3.3 STREET ADDRESS	3502 Three Mellon Bank Center
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	S ALQUIST, VIRGINIA E. 1735 MARKET ST., 8TH FL PHILADELPHIA PA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALQUIST, VIRGINIA E.	4.2 NAME	
STREET ADDRESS	1735 MARKET ST., 8TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	
TITLE	AT LANSINGER, MARK P. 772 ONE MELLON BNK CNTR PITTSBURGH PA	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANSINGER, MARK P.	5.2 NAME	
STREET ADDRESS	772 ONE MELLON BNK CNTR	5.3 STREET ADDRESS	772 One Mellon Bank Center
CITY-ST-ZIP	PITTSBURGH PA	5.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark P. Lansinger 4/21/97 412-234-6083
Assistant Treasurer
0512425

CR2E034 (9/96)