

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00266

1. Entity Name

MELLON FINANCIAL SERVICES CORPORATION #1

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90011 034 ***150.00

0608704

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

605566



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 51-0265620		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PC	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLF, JAMES S			NAME	One mellon Center		
STREET ADDRESS	772 ONE MELLON BANK CENTER			STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA 15258-0001			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOTT, STEVEN G.			NAME	4700 One mellon Center		
STREET ADDRESS	4700 ONE MELLON BANK CENTER			STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA 15258-0001			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STASIK, ROBERT W.			NAME	3502 One mellon Center		
STREET ADDRESS	3502 THREE MELLON BANK CENTER			STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA 15258-0001			CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCIULLO, JOANNE E			NAME	Sciullo, Joanne E.		
STREET ADDRESS	772 ONE MELLON BANK CTR			STREET ADDRESS	772 One mellon Center		
CITY-ST-ZIP	PITTSBURGH PA 15258			CITY-ST-ZIP	Pittsburgh, PA 15258-0001		
TITLE	AT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANSINGER, MARK P.			NAME			
STREET ADDRESS	772 ONE MELLON BANK CENTER			STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA 15258-0001			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne E. Sciullo Joanne E. Sciullo 1/5/01 412-234-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)