


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00266</b> 1. Entity Name <b>MELLON FINANCIAL SERVICES CORPORATION #1</b>	
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Principal Place of Business <b>ONE MELLON CENTER, ROOM 772 PITTSBURGH, PA 15258 US</b>	Mailing Address <b>ONE MELLON CENTER, ROOM 772 PITTSBURGH, PA 15258 US</b>
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0265620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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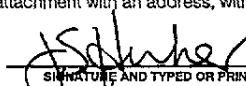
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	<b>U000000382715</b> <b>01/12/06-80024-016 150.00</b>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLIOTT, STEVEN G. 4700 ONE MELLON CENTER PITTSBURGH, PA 152580001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STASIK, ROBERT W. 3502 ONE MELLON CENTER PITTSBURGH, PA 152580001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HUBER, JOANNE S 772 ONE MELLON CENTER PITTSBURGH, PA 152580001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CHESKO, JOHN T 4700 ONE MELLON CENTER PITTSBURGH, PA 15258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Joanne S. Huber</b> 1/10/06 412-234-133 <small>Date Daytime Phone #</small>