

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00266

FILED  
May 01, 2009  
Secretary of State

Entity Name: MELLON FINANCIAL SERVICES CORPORATION #1

## Current Principal Place of Business:

ONE MELLON CENTER, ROOM 772  
PITTSBURGH, PA 15258 US

## New Principal Place of Business:

ONE MELLON CENTER,  
SUITE 5210  
PITTSBURGH, PA 15258 US

## Current Mailing Address:

ONE MELLON CENTER, ROOM 772  
PITTSBURGH, PA 15258 US

## New Mailing Address:

ONE MELLON CENTER,  
SUITE 5210  
PITTSBURGH, PA 15258 US

FEI Number: 51-0265620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: ELLIOTT, STEVEN G.  
Address: 4700 ONE MELLON CENTER  
City-St-Zip: PITTSBURGH, PA 152580001

Title: V ( ) Delete  
Name: STASIK, ROBERT W.  
Address: 3502 ONE MELLON CENTER  
City-St-Zip: PITTSBURGH, PA 152580001

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: COOMBS, RONALD  
Address: ONE MELLON CENTER  
City-St-Zip: PITTSBURGH, PA 152580001

Title: T (X) Change ( ) Addition  
Name: HAFER, MICHELE  
Address: ONE MELLON CENTER  
City-St-Zip: PITTSBURGH, PA 152580001

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD COOMBS

V

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date