

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08779

(1)

1. Corporation Name

MELLON PROPERTIES COMPANY



Principal Place of Business

Mailing Address

772 ONE MELLON BANK CENTER
PITTSBURGH PA 15219-2502

772 ONE MELLON BANK CENTER
PITTSBURGH PA 15219-2502

3. Date Incorporated or Qualified

01/22/1986

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

21 3100 Travis Street

Suite, Apt. #, etc.

22 City & State

23 Houston, TX

24 Zip

77006

Country

25 Harris

2a. Mailing Address

26 3100 Travis Street

Suite, Apt. #, etc.

27 City & State

28 Houston, TX

29 Zip

77006

Country

30 Harris

4. FEI Number

74-2374592

Applied For

Not Applicable

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 ☐ Yes ☐ No

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature of person authorized to change the corporation's registered office or registered agent or both, in the State of Florida.

Signature of person authorized to change the corporation's registered office or registered agent or both, in the State of Florida.

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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