

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P10616 (1)

1. Corporation Name

MELLON FINANCIAL SERVICES CORPORATION #17



Principal Place of Business

ROOM 772
ONE MELLON BANK CENTER
PITTSBURGH PA 15258
US

Mailing Address

ROOM 772
ONE MELLON BANK CENTER
PITTSBURGH PA 15258
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

07/01/1986

3a. Date of Last Report

04/20/1995

4. FEI Number

51-0292871

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

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 607.1508, 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

Signature typed or printed in block of registered agent in addition if applicable

(Note: Registered Agent signature required when re-statuting)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
LANSINGER, MARK P.
ONE MELLON BNK CNTR, 772
PITTSBURGH PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
SMITH, W. KEITH
ONE MELLON BANK CENTER 4700
PITTSBURGH PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WOODS, ALLAN P.
ONE MELLON BNK CNTR 772
PITTSBURGH PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
YODER, STEPHEN A.
ONE MELLON BANK CENTER 1935
PITTSBURGH PA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WISE, CAROLE C.
ONE MELLON BANK CENTER 1820
PITTSBURGH PA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BONACCHI, BRUNO A
MELLON BANK
PITTSBURGH PA 15258

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

S
Whiteman, Barbara J.
One Mellon Bank Center
Pittsburgh, PA 15258-0001

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

K
Koeger, James R.
One Mellon Bank Center
Pittsburgh, PA 15258-0001

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
Assistant Treasurer

4/16/96

City and Phone #

0002053

CP

CR2E034 (12/95)