FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P10616

WELLO	N FINANCIAL SERVICES OF	DIFORMION # 17				
Principal Plac	ce of Business	Mailing Address	Mailing Address			
ROOM 772 ONE MELLON BANK CENTER PITTSBURGH PA 15258		ROOM 772 ONE MELLON BANK CENTER PITTSBURGH PA 15258-0001				
US		US			3. Date Incorporated or Qualified 07/01/1986	3a. Date of Last Report 04/23/1996
2. Principal F	2. Principal Place of Business 2a. Mailing Address				4. FEt Number	Applied For
21		26			51-0292871	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo	
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	У	8. This corporation has liability fo	
24	25	29	30			Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered Agent
CT CORPORATION SYSTEM				Name		
1200 S. PINE ISLAND ROAD			8:	2 Street Address (P.O. Box Number is Not Acceptable)		
PL		_			N	
			В	3		
			8	4 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name				ve-named corp	oration submits this statement for the	
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.						
1		ations of Section Cor. 0000, 1	ionoa otatue	oa.		
SIGNATURE	Signature, typed or printed name of registered ag-	ont and title if applicable (NC	11: Registered A	gent signature requir	ed when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	AT	☐ DELETE	1.4 TITLE			Change Addition
NAME	LANSINGER, MARK P.		1.2 NAM		00011- 0001	Ca. 100
STREET ADDRESS ONE MELLON BNK CNTR, 772			1.B \$1RE	EI ADDRESS	ne Mellon Bank	center, //2
CITY-ST-ZIP	PITTSBURGH PA		1.4 C/TY	-ST-7IP (1)	HSburgh, PA	53-58-0001
TITLE	DC	☐ DELETE	2.1 TITLE		\mathcal{I}	Change 🔲 Addition
NAME	SMITH, W. KEITH		2 P NAM	Ξ		
STREET ADDRESS ONE MELLON BANK CENTER 4700			28 STRE	F1 ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		2. 4 City	-S1-ZIP	Hsburgh, 49 1	Sassing Addition
TITLE	PD	☐ DELE1E	3.1 TITLE	•	\mathcal{O}	Change Addition
NAME	WOODS, ALLAN P.		3.2 NAM	·	· · Malla · Oa · ·	Continue 11611
STREET ADDRESS		2	3.3 STRE	ET ADDRESS	ormellon Bank Hillsburgh, PA 19	Center, 464
CITY-ST-ZIP	PITTSBURGH PA		3.4 CITY	-ST-ZIP	alsburgh, PA II	5924-6001
TITLE	8	☐ DELETE	4.1 TITLE		J	Change L Addition
NAME	WHITEMAN, BARBARA J.		4. 2 NAM		a Mall Bank	Carra - 1020
STREET ADDRESS		1	- 1	E1 ADORESS	ne menon Roune	center, 1800
CITY-ST-ZIP	PITTSBURGH PA	□ DECETE	4.4 CITY	-ST-ZIP	ne Mellon Bank ittsburgh, PA	Sask-con XChange □ Addition
TITLE	OFIGED AMES D	DELETE	5.1 TITLE			Conange L Addition
NAME	GEIGER, JAMES R.	.	5.2 NAM	T (DDDDCC)	wo mellon Bank (Penter and
STREET ADDRESS		1		ET ADDRESS	At buck On	(3,00, 4,4)
CITY-ST-ZIP	PITTSBURGH PA	DELETE	5.4 CITY	-S1-7IP	Pittsburgh, PA 1	Change Addition
TITLE	BONACCHI BDIINO A	[_] vcitft	6.1 11TL1		9	Outside C Vodition
NAME	BONACCHI, BRUNO A MELLON BANK		6,2 NAM		ivo Mellon Bank	Canban
STREET ADDRESS	MECTON DWAY		6.3 STRE	ET ADDRESS	WU THOUGH CHINK	LETTEL JAC

14. I do 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 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 Brock 13 if changed, or on an attachment with an address.