

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P27504** (0)

1. Corporation Name
MELLON MORTGAGE COMPANY



Principal Place of Business: **3100 TRAVIS STREET HOUSTON TX 77006-3699**
Mailing Address: **3100 TRAVIS STREET HOUSTON TX 77006-3699**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1989	3a. Date of Last Report 05/01/1995
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number 25-1235281	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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
				85	Zip Code FL

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 _____ (Type or print name of registered agent and the applicable Florida Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	CEO/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLHEIM, RICHARD L.	12 NAME	
STREET ADDRESS	3100 TRAVIS ST.	13 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77006-3699	14 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, KATHERINE K.	22 NAME	
STREET ADDRESS	3100 TRAVIS STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	24 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULA, MICHAEL J	32 NAME	
STREET ADDRESS	3100 TRAVIS ST.	33 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77006-3699	34 CITY-ST-ZIP	
TITLE	DCEO <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RZASNICKI, PETER	42 NAME	LOVEJOY, DAVID R.
STREET ADDRESS	3100 TRAVIS ST.	43 STREET ADDRESS	One Mellon Bank Center, Rm. 4700
CITY-ST-ZIP	HOUSTON TX 77006-3699	44 CITY-ST-ZIP	Pittsburgh, PA 15258
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Katherine K. Watkins* 6/17/96 713-525-8271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Katherine K. Watkins, Secretary

CR2E034 (3/96)