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May 06, 1999 8:00 am
Secretary of State

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**CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27504 ✓ (0)

1. Corporation Name

MELLON MORTGAGE COMPANY

Principal Place of Business

1900 St. James Place
Houston, TX 77056-4108

Mailing Address

1900 St. James Place
Houston, TX 77056-4108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1989

4. FEI Number

25-1235281

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country 30

9. Name and Address of Current Registered Agent

CT 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

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO/P ☐ DELETE
NAME Paul Holmes
STREET ADDRESS 1900 St. James Place
CITY-ST-ZIP Houston, TX 77056-4108

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

TITLE S ☐ DELETE
NAME Barbara Quackenbush
STREET ADDRESS 1900 St. James Place
CITY-ST-ZIP Houston, TX 77056-4108

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

TITLE SVP / COO ☐ DELETE
NAME Michael J. Kula
STREET ADDRESS 1900 St. James Place
CITY-ST-ZIP Houston, TX 77056-4108

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

TITLE D ☐ DELETE
NAME Steven G. Elliott
STREET ADDRESS One Mellon Bank Center, Rm 4700
CITY-ST-ZIP Pittsburgh, PA 15258

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

TITLE T / CFO ☐ DELETE
NAME Steven G. Froseth
STREET ADDRESS 1900 St. James Place
CITY-ST-ZIP Houston, TX 77056-4108

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I 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 Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Quackenbush
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara Quackenbush, Secretary

April 22, 1999 713-332-6633

Date

Daytime Phone #

CR2E034 (11/98)