

W: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90166 024 \*\*\*150.00

**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

Mailing Address

1900 St. James Place  
Houston, TX 77056-4108

1900 St. James Place  
Houston, TX 77056-4108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1989

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

4. FEI Number

25-1235281

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System  
1200 S. Pine Island Rd.  
Plantation, FL 33324

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*

April 22, 1999

713-332-6633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Quackenbush Secretary

Date

Daytime Phone #

CR2E034 (11/98)