

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002769

1. Entity Name

RICHARD KING MELLON FOUNDATION, INC.

Principal Place of Business

PO BOX 690
LIGONIER PA 15658

Mailing Address

PO BOX 690
LIGONIER PA 15658

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

25-1127705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIELVOGEL, LEONARD
101 SO. COURTENAY PARKWAY, STE. 201
MERRITT ISLAND FL 32952-4855

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MELLON, SEWARD P	
STREET ADDRESS	ROUTE 381 - ROLLING ROCK FARMS	
CITY-ST-ZIP	LIGONIER PA 15658	
TITLE	V	☐ Delete
NAME	WATSON, MICHAEL	
STREET ADDRESS	ROUTE 381 - ROLLING ROCK FARMS	
CITY-ST-ZIP	LIGONIER PA 15658	
TITLE	S	☐ Delete
NAME	IZZO, SCOTT D	
STREET ADDRESS	ROUTE 381 - ROLLING ROCK FARMS	
CITY-ST-ZIP	LIGONIER PA 15658	
TITLE	T	☐ Delete
NAME	BURR, ROBERT B JR	
STREET ADDRESS	RT 381 ROLLING ROCK FARMS	
CITY-ST-ZIP	LIGONIER PA 15658	
TITLE	C	☐ Delete
NAME	MELLON, RICHARD P	
STREET ADDRESS	ROUTE 381 - ROLLING ROCK FARMS	
CITY-ST-ZIP	LIGONIER PA 15658	
TITLE	VC	☐ Delete
NAME	WALSH, MASON JR	
STREET ADDRESS	ROUTE 381 - ROLLING ROCK FARMS	
CITY-ST-ZIP	LIGONIER PA 15658	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 724-238-5295

CR2E037 (10/00)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90045 042 ****61.25

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DO NOT WRITE IN THIS SPACE