

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 10 AM 8:48  
9:42

DOCUMENT # P08516 (7)

1. Corporation Name

FIRST UNION BROKERAGE SERVICES, INC.

Principal Place of Business

TWO FIRST UNION CNT 0200  
CHARLOTTE NC 28288-7200

Mailing Address

TWO FIRST UNION CNT 0200  
CHARLOTTE NC 28288-7200

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified

12/23/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

56-1252143

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 has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

24

Country

City & State

29

Country

30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
FIRST FLORIDA BANK BLDG, STE 420  
TALLAHASSEE FL 32301

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
MOODY, DWIGHT  
570 UNIVERSITY BLVD  
JAX FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
PROPST, ROBERT B.  
TWO FIRST UNION CENTER  
CHARLOTTE NC

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
HATHAWAY, KENT S.  
ONE FIRST UNION CTR  
CHARLOTTE NC

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T  
HATCH, JAMES H.  
TWO FIRST UNION CNT 0200  
CHARLOTTE NC

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
CRUTCHFIELD, EDWARD E.  
ONE FIRST UNION CENTER  
CHARLOTTE NC

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
DUNN, FRANK  
ONE FIRST UNION CENTER  
CHARLOTTE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change  Addition

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

Change  Addition

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

Change  Addition

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

Change  Addition

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

Change  Addition

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

Change  Addition

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 110.07(3)(b), 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.

SIGNATURE:

*Amy S. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tax Officer

2/24/95

(704)374-6841