

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **12/23/1985** 3a. Date of Last Report: **03/10/1995**
4. FEI Number: **56-1252143** 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 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.:
22 City & State: **27** City & State:
23 Zip: Country: Zip: Country:
24 25 29 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: 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, DWIGHT	1.2 NAME	
STREET ADDRESS	570 UNIVERSITY BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROPST, ROBERT B.	2.2 NAME	VP Warren Leighton
STREET ADDRESS	TWO FIRST UNION CENTER	2.3 STREET ADDRESS	TWO First Union Center, NC0200
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	Charlotte NC 28288
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, KENT S.	3.2 NAME	
STREET ADDRESS	ONE FIRST UNION CTR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, JAMES H.	4.2 NAME	
STREET ADDRESS	TWO FIRST UNION CNT 0200	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUTCHFIELD, EDWARD E.	5.2 NAME	
STREET ADDRESS	ONE FIRST UNION CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, FRANK	6.2 NAME	Director John Georgius
STREET ADDRESS	ONE FIRST UNION CENTER	6.3 STREET ADDRESS	One First Union Center
CITY-ST-ZIP	CHARLOTTE NC	6.4 CITY-ST-ZIP	Charlotte NC 28288

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Warren Leighton* **Warren Leighton** 4/11/96 (704)383-9990

CR2E034 (12/95)