


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip	22 Mailing Address Suite, Apt. #, etc. City & State Zip	23 Country	24 Country
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3. Date Incorporated or Qualified 12/23/1985	
4. FEI Number 56-1252143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

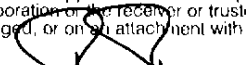
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, DWIGHT	1.2 NAME	
STREET ADDRESS	ONE FIRST UNION CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHTON, WARREN	2.2 NAME	700002444767
STREET ADDRESS	TWO FIRST UNION CENTER NC0200	2.3 STREET ADDRESS	-03/03/98--01008--009
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	***150.00
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, KENT S.	3.2 NAME	Secretary
STREET ADDRESS	ONE FIRST UNION CTR	3.3 STREET ADDRESS	David Hebler.
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	One First Union Center, TW8 Charlotte, NC 28288
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCH, JAMES H.	4.2 NAME	CEO
STREET ADDRESS	TWO FIRST UNION CNT 0200	4.3 STREET ADDRESS	JEFF Fox
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	201 South College Street Charlotte, NC 28288
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUTCHFIELD, EDWARD E.	5.2 NAME	COO
STREET ADDRESS	ONE FIRST UNION CENTER	5.3 STREET ADDRESS	MARK Hubbert
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	201 South College Street Charlotte, NC 28288
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGINIS, JOHN	6.2 NAME	CEO
STREET ADDRESS	ONE FIRST UNION CENTER	6.3 STREET ADDRESS	C. Rachel Raemore
CITY-ST-ZIP	CHARLOTTE NC	6.4 CITY-ST-ZIP	201 South College Street Charlotte, NC 28288

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.

SIGNATURE:  2/24/98 704-383-5744

CR2E034 (10/97)