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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90076 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P08516

1. Corporation Name
FIRST UNION BROKERAGE SERVICES, INC.



Principal Place of Business
TWO FIRST UNION CENTER NC0200 CHARLOTTE NC 28288

Mailing Address
TWO FIRST UNION CENTER NC0200 CHARLOTTE NC 28288

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1985

4. FEI Number
56-1252143

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	ONE FIRST UNION CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28288	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, DAVID W	2.2 NAME	
STREET ADDRESS	TWO FIRST UNION CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28288	2.4 CITY-ST-ZIP	
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 CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28288	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 CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28288	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 28288	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGIUS, JOHN R	6.2 NAME	
STREET ADDRESS	ONE FIRST UNION CENTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28288	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 119.073(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 on an attachment with an address, with a folder like empowered.

SIGNATURE: David W. Reed **DAVID W. REED** 4-21-99 704-374-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)