

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 694937

1. Entity Name
FIRST UNION SECURITIES FINANCIAL NETWORK, INC.

FILED

01 JUN 18 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
301 SOUTH COLLEGE STREET 301 SOUTH COLLEGE STREET
31ST FLOOR 31ST FLOOR
CHARLOTTE, NC 28288-0630 CHARLOTTE, NC 28288-0630

2. Principal Place of Business 3. Mailing Address
c/o Corporation Service Co. 1201 Hays Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Tallahassee, FL	City & State Tallahassee, FL	4. FEI Number 59-2617265	Applied For <input type="checkbox"/> Not Applicable
Zip 32301	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  BRIAN COURTNEY, ASST. V.P. 6/18/01

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

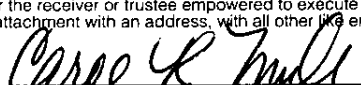
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert L. Andersen 301 S. College St. Charlotte, NC 28288-0630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carol R. Mullis 301 S. College St. Charlotte, NC 28288-0630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marshall Leeds 980 N. Federal Highway Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gregg Glaser 980 N. Federal Highway Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karen Wimbish 901 East Byrd St. Richmond, VA 23219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Staples 901 East Byrd St. Richmond, VA 23219

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Carol R. Mullis 6/15/01 704/374-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

100004121001



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ACCOUNT NO. : 072100000032

REFERENCE : 189409 167868A

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia Taylor

ORDER DATE : June 18, 2001

ORDER TIME : 10:52 AM

ORDER NO. : 189409-005

CUSTOMER NO: 167868A

CUSTOMER: Ms. Jennifer Chavis
First Union Corporation
One First Union Center, Nc0630
Legal Division-31st Floor
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: FIRST UNION SECURITIES
FINANCIAL NETWORK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder-EXT#1118

EXAMINER'S INITIALS: _____

RECEIVED
01 JUN 18 PM 12:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA