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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **817306** **(4)**

1. Corporation Name

FIRST UNION MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
1800 TWO FIRST UNION CENTER CHARLOTTE NC 28288-1089	1800 TWO FIRST UNION CENTER CHARLOTTE NC 28288-1089

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/23/1963
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 56-0811711 ☐ 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

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE. 105
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	DT	1.1 TITLE		☐ Change ☐ Addition
NAME	ATWOOD, ROBERT	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	VS	2.1 TITLE		☐ Change ☐ Addition
NAME	COWELL, MARION A JR	2.2 NAME		
STREET ADDRESS	ONE FIRST UNION CENTER	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28288	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MELTON, BURT H.	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	PD	4.1 TITLE	President	☒ Change ☐ Addition
NAME	ABBOTT, JAMES A	4.2 NAME	James E. Maynor	
STREET ADDRESS	1800 TWO FIRST UNION CENTER	4.3 STREET ADDRESS	1800 Two First Union Center	
CITY-ST-ZIP	CHARLOTTE NC 28288-1089	4.4 CITY-ST-ZIP	Charlotte, NC 28288-1080	
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	ALVIN M. BROWN, JR.	5.2 NAME		
STREET ADDRESS	1800 TWO FIRST UNION CENTER	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28288-1087	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	V	☐ Change ☒ Addition
NAME		6.2 NAME	Debra M. Warren	
STREET ADDRESS		6.3 STREET ADDRESS	1800 Two First Union Center	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Charlotte, NC 28288-1089	

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)(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: Debra M. Warren — 4-10-95 — 704/374-7197
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR — Date — Daytime Phone #

Debra M. Warren

0980030 FP