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04-23-1999 90104 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 817306

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 Qualifed: 08/23/1963

2. Principal Place of Business	2a. Mailing Address
21 201 S College Street	26 201 S College Street
Suite, Apt. #, etc. 22 Suite 1600	Suite, Apt. #, etc. 27 Suite 1600
City & State 23 Charlotte, NC	City & State 28 Charlotte, NC
Zip / Country 24 28288-1089 25 US	Zip / Country 29 28288-1089 30 US

4. FEI Number: 56-0811711 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST STE. 105 TALLAHASSEE FL 32301	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 ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ANTONINI, JACK M	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	P ☐ DELETE	4.1 TITLE	Director ☒ Change ☐ Addition
NAME	MAYNOR, JAMES E	4.2 NAME	
STREET ADDRESS	1800 TWO FIRST UNION CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28288	4.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	5.1 TITLE	Senior Vice President ☒ Change ☐ Addition
NAME	ALVIN M. BROWN, JR.	5.2 NAME	Teresa I. Cox
STREET ADDRESS	1800 TWO FIRST UNION CENTER	5.3 STREET ADDRESS	1100 Corporate Center Drive
CITY-ST-ZIP	CHARLOTTE NC 28288-1087	5.4 CITY-ST-ZIP	Raleigh, NC 27607-5066
TITLE	V ☐ DELETE	6.1 TITLE	President ☒ Change ☐ Addition
NAME	WARREN, DEBRA M.	6.2 NAME	
STREET ADDRESS	1800 TWO FIRST UNION CENTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NO 28288	6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Teresa I Cox EXECUTED 4/19/99 919-852-6561

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