

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 858411 (2)**

1. Corporation Name  
**FIRST UNION COMMERCIAL CORPORATION**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**TWO FIRST UNION CENTER  
CONT-1-0200  
CHARLOTTE NC 28202-2823**

Mailing Address  
**TWO FIRST UNION CENTER  
0200  
CHARLOTTE N. 28208  
US**

3. Date Incorporated or Qualified **11/10/1983** 3a. Date of Last Report **04/28/1994**

4. FEI Number **13-2647352** 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 fee if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHIS, DANIEL W.</b>	1.2 NAME	
STREET ADDRESS	<b>TWO FIRST UNION CENTER</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT B. PROPST</b>	2.2 NAME	
STREET ADDRESS	<b>TWO FIRST UNION CENTER</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HATHAWAY, KENT S.</b>	3.2 NAME	
STREET ADDRESS	<b>TWO FIRST UNION CENTER</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNN, FRANK H</b>	4.2 NAME	
STREET ADDRESS	<b>ONE FIRST UNION CENTER</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUTCHFIELD, EDWARD E, JR</b>	5.2 NAME	
STREET ADDRESS	<b>ONE FIRST UNION CENTER</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(b), 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 16, changed, or on an attachment with an address.

SIGNATURE: Robert B. Propst **Robert B. Propst** 4/27/95 (704)374-6841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)