

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 858411 (2)
1. Corporation Name
FIRST UNION COMMERCIAL CORPORATION



Principal Place of Business TWO FIRST UNION CENTER CONT-1-0200 CHARLOTTE NC 28202-2823	Mailing Address TWO FIRST UNION CENTER 0200 CHARLOTTE N. 28268 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/10/1983	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 13-2647352	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHIS, DANIEL W.	12. NAME	ROBERT T. ATWOOD
STREET ADDRESS	TWO FIRST UNION CENTER	13. STREET ADDRESS	ONE FIRST UNION CTR
CITY-ST-ZIP	CHARLOTTE NC	14. CITY-ST-ZIP	CHARLOTTE NC
TITLE	V <input type="checkbox"/> DELETE	21. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT B. PROPST	22. NAME	BRIDGET A. FOSTER
STREET ADDRESS	TWO FIRST UNION CENTER	23. STREET ADDRESS	TWO FIRST UNION CENTER
CITY-ST-ZIP	CHARLOTTE NC	24. CITY-ST-ZIP	CHARLOTTE NC
TITLE	S <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, KENT S.	32. NAME	
STREET ADDRESS	TWO FIRST UNION CENTER	33. STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	34. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, FRANK H	42. NAME	
STREET ADDRESS	ONE FIRST UNION CENTER	43. STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	44. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUTCHFIELD, EDWARD E, JR	52. NAME	
STREET ADDRESS	ONE FIRST UNION CENTER	53. STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Bridget Foster* *Bridget Foster* *JP* **6/10/96** **704-374-4389**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing Daytime Phone #

CR2E034 (3/96)