

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90157 030 ***150.00

DOCUMENT # 858411

1. Entity Name

FIRST UNION COMMERCIAL CORPORATION

Principal Place of Business

Mailing Address

**TWO FIRST UNION CENTER
 CONT-1-0200
 CHARLOTTE NC 28288**

**TWO FIRST UNION CENTER
 0200
 CHARLOTTE N. 28288
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2647352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
P	TAYLOR, DAVID G	TWO FIRST UNION CENTER	CHARLOTTE NC 28288	<input type="checkbox"/>
V	FOSTER, BRIDGET A	TWO FIRST UNION CENTER	CHARLOTTE NC 28288	<input checked="" type="checkbox"/>
S	KENT HATHAWAY	TWO FIRST UNION CENTER	CHARLOTTE NC 28288	<input type="checkbox"/>
D	CRUTCHFIELD, EDWARD E, JR	ONE FIRST UNION CENTER	CHARLOTTE NC 28288	<input checked="" type="checkbox"/>
D	JOHN R GEORGIUS	ONE FIRST UNION CTR	CHARLOTTE NC 28288	<input checked="" type="checkbox"/>
D	ROBERT T ATWOOD	ONE FIRST UNION CTR	CHARLOTTE NC 28288	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	JAMES W. AHERN	TWO FIRST UNION CENTER	CHARLOTTE, NC 28288	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	JAMES H. HATCH	TWO FIRST UNION CENTER	CHARLOTTE, NC 28288	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MICHAEL L. TAYLOR	ONE FIRST UNION CENTER	CHARLOTTE, NC 28288	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DANIEL D. TYBURSKI	ONE FIRST UNION CENTER	CHARLOTTE, NC 28288	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	PAUL VAN WIE	ONE FIRST UNION CENTER	CHARLOTTE NC 28288	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. AHERN

4-19-00

Date

704-374-6841

Daytime Phone #

CR2E034 (9/99)