

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90041 025 ***150.00

CR2E034 (9/01)

DOCUMENT # 858411
 1. Entity Name
FIRST UNION COMMERCIAL CORPORATION

Principal Place of Business ONE FIRST UNION CENTER CHARLOTTE NC 28288	Mailing Address TWO FIRST UNION CENTER NC0200-J CAMP CHARLOTTE N. 28288 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ONE WACHOVIA CENTER Suite?, Apt. #, etc.	3. Mailing Address TWO WACHOVIA CENTER Suite, Apt. #, etc. NC0200, ATTN: J. CAMP
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City & State CHARLOTTE NC	City & State CHARLOTTE NC	4. FEI Number 13-2647352	Applied For <input type="checkbox"/> Not Applicable
Zip 28288	Country USA	Zip 28288	Country USA

6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete TAYLOR, DAVID G. STREET ADDRESS TWO FIRST UNION CENTER CITY-ST-ZIP CHARLOTTE NC 28288	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAYLOR, DAVID G. STREET ADDRESS ONE WACHOVIA CENTER CITY-ST-ZIP CHARLOTTE, NC 28288
TITLE V	<input checked="" type="checkbox"/> Delete AHERN, JAMES W. STREET ADDRESS TWO FIRST UNION CENTER CITY-ST-ZIP CHARLOTTE NC 28288	TITLE ASST. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAVANESS, SANDY STREET ADDRESS TWO WACHOVIA CENTER CITY-ST-ZIP CHARLOTTE NC 28288
TITLE S	<input checked="" type="checkbox"/> Delete KENT HATHAWAY STREET ADDRESS TWO FIRST UNION CENTER CITY-ST-ZIP CHARLOTTE NC 28288	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDERSEN, ROBERT L. STREET ADDRESS ONE WACHOVIA CENTER CITY-ST-ZIP CHARLOTTE NC 28288
TITLE D	<input type="checkbox"/> Delete TAYLOR, MICHAEL L STREET ADDRESS ONE FIRST UNION CENTER CITY-ST-ZIP CHARLOTTE NC 28288	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAYLOR, MICHAEL L. STREET ADDRESS ONE WACHOVIA CENTER CITY-ST-ZIP CHARLOTTE, NC 28288
TITLE D	<input type="checkbox"/> Delete TYBURSKI, DANIEL D STREET ADDRESS ONE FIRST UNION CENTER CITY-ST-ZIP CHARLOTTE NC 28288	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TYBURSKI DANIEL D. STREET ADDRESS ONE WACHOVIA CENTER CITY-ST-ZIP CHARLOTTE, NC 28288
TITLE D	<input checked="" type="checkbox"/> Delete VAN WIE, PAUL STREET ADDRESS ONE FIRST UNION CENTER CITY-ST-ZIP CHARLOTTE NC 28288	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAPPS, J. ROBERT STREET ADDRESS ONE WACHOVIA CENTER CITY-ST-ZIP CHARLOTTE NC 28288

13. 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 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: SANDY CAVANESS **SANDY CAVANESS, ASST VP** 4/18/02 704-374-6841
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #