


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90041 038 \*\*\*150.00

**DOCUMENT # 858411**  
 1. Entity Name  
**FIRST UNION COMMERCIAL CORPORATION**




Principal Place of Business  
**ONE WACHOVIA CENTER  
 CHARLOTTE, NC 28288**

Mailing Address  
**TWO WACHOVIA CENTER  
 NC0200-I CAMP  
 CHARLOTTE, N. 28288 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**201 S. College St**  
 Suite, Apt. #, etc.  
**NC0200, Attn: Jenny Fullwood**  
 City & State  
**Charlotte, NC**  
 Zip  
**28244-0200**

Country  
**US**



01062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-2647352**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, DAVID G	
STREET ADDRESS	ONE WACHOVIA CENTER	
CITY-ST-ZIP	CHARLOTTE, NC 28288	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOINS, HERMAN	
STREET ADDRESS	TWO WACHOVIA CENTER	
CITY-ST-ZIP	CHARLOTTE, NC 28288	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDERSEN, ROBERT L	
STREET ADDRESS	ONE WACHOVIA CENTER	
CITY-ST-ZIP	CHARLOTTE, NC 28288	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, MICHAEL L	
STREET ADDRESS	ONE WACHOVIA CENTER	
CITY-ST-ZIP	CHARLOTTE, NC 28288	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYBURSKI, DANIEL D	
STREET ADDRESS	ONE WACHOVIA CENTER	
CITY-ST-ZIP	CHARLOTTE, NC 28288	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPS, J. ROBERT	
STREET ADDRESS	ONE WACHOVIA CENTER	
CITY-ST-ZIP	CHARLOTTE, NC 28288	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT A NAME	
STREET ADDRESS	201 S College St.	
CITY-ST-ZIP	Charlotte, NC 28244-0200	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herbert A. Name 01/08/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #