FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001840 (5)

FIRST CARD CORPORATION

Principal Place of Business	Mailing Address
TWO FIRST UNION CENTER 0200	TWO FIRST UNION CENTER 0200
CHARLOTTE NC 28298-8501	CHARLOTTE NC 28288-8501

FILED May 11 1998 8:00am Secretary of State

Prir	ncipal Place of Busines	s	Mailing Address TWO FIRST UNION CENTER 0200 CHARLOTTE NC 28288-8501 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1996 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired S8.75 Additional Fee Required City & State City & State 6. Election Campaign Financing S5.00 May 8e Trust Fund Contribution Added to Fees Zip Country 29 30 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Current Registered Agent 10. Name and Address of New Registered Agent								
TWO FIRST UNION CENTER 0200 CHARLOTTE NC 28288-8501							DO NOT WRITE IN THIS:	SPACE			
							3.				
2.	Principal Place of Busin	noss	2a. Mailing	Address			4.			Applied For	
21								56-1928887		Not Applicable	
22	Suite, Apt. #, etc		-	ot. #, etc.			5.	Certificate of Status Desired			
23	City & State		· ·	ale			6.	· · · · · · · · · · · · · · · · · · ·			
24		Country 25	29	30	untry	100		Personal Property Tax due June 30.	Yes		
	9, Name	and Address of Cur	rent Registered Age	ent	Ц,		10.	Name and Address of New Registered	Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83						
					84	City			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

SIGNATURE	Signature, typed or printed name of registered agent and bits	ifapplicable (N	OTE Registered Agent signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANG	GES TO OFFICERS AF	ND DIRECTOR	
TITLE	P	DELETE	1.1 TETLE			☐ Change	Additio
IAME	Brown, Edgar		1.2 NAME				
TREET ADDRESS	1525 W.T. HARRIS BLVD.		1.3 STREET ADDRESS				
HTY-ST-ZIP	CHARLOTTE NC 28288-8501		1.4 CITY-ST-ZIP				
ITLE	VP	DELETE	21 TITLE			Change	Additio
IAME	SHENKMAN, ROBERT T		2.2 NAME				
STREET ADDRESS	214 N. HOGAN STREET		2 3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32202		2. 4 CITY - ST - ZIP				
TILE	\$	DELETE	3.1 TITLE			Change	Additio
IAME	HATHWAY, KENT		3.2 NAME				
STREET ADDRESS	ONE FIRST UNION CENTER		3.3 STREET ADDRESS				
HTY-ST-ZIP	CHARLOTTE NC 28288		3.4. CITY - ST - ZIP				
ITLE	Ĭ	DELETE	4.1 TITLE			Change	Additio
iame i	HATCH, JAMES		4. 2 NAME				
TREET ADDRESS	TWO FIRST UNION CENTER		4.3 STREET ADORESS				
ITY-ST-ZIP	CHARLOTTE NC 28288		4.4 CITY-ST-ZIP				
ITLE		DELETE	5.1 TITLE			Change	Additio
AME			52 NAME				
TREET ADDRESS			5.3 STREET ADDRESS				
ITY-ST-ZIP			5.4 CITY-ST-ZIP				
ITLE		DELETE	61 TITLE			Change	Additio
IAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
NEW OX THE			S A CITY OF TIP				

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 if changed, or on an attachment with an address