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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001840 1. Corporation Name

FIRST CARD CORPORATION (NOW FIRST UNION ATM SOLUTIONS, INC.)

Principal Place of Business

Mailing Address

May 10, 1999 8:00 am Secretary of State

05-10-1999 90026 014 ***150.00



TWO FIRST UNION CENTER 0200 CHARLOTTE NC 28288-8501 TWO FIRST UNION CENTER 0200 CHARLOTTE NC 28288-8501				DO NOT WRITE IN THIS SPA	.CE		
					3. Date Incorporated or Qualifed 04/12/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 TWO FIRST UNION CENTER 26 TWO FIRST UN			NION	, CENTER	56-1928887	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				•	5. Certificate of Status Desired		Additional
27 NC0200					3. Octional of cities assisted	Fee Re	quired
City & State City & State			. ~		6. Election Campaign Financing \$5.00 May Be		
23 CHARLOTTE NC 28 CHARLOTTE, Co			<u> N</u>	<u> </u>	Trust Fund Contribution Added to Fees		o Fees
Zip 24 2828	Country 25	Zip 29 28288 30	Country		8. This corporation owes the current year Intangib Personal Property Tax.	res /	XNo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ager	nt	
	PREMIUS HALL CORPORATION	OVOTEN INO	81	Name)
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 105							
TALLAHASSEE FL 32301						1 = -	
			84	City	FI 85	Zip (Code
11 Purcuant t	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes, ti	ne above	Le-named corpo	pration submits this statement for the purpose of chan	ging its	registered
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change was authorons of, Section 607.0505, Florida	rized by Statutes	the corporation	n's board of directors. I hereby accept the appointme	nt as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regit	stered Ager	nt signature required	when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE	Р	DELETE	1.1 TITLE	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Change	Addition
NAME	BROWN, EDGAR	,	1.2 NAME	177	AMES WI AHERN		
STREET ADDRESS	1525 W.T. HARRIS BLVD.		1.3 STREET	TADDRESS T	WO FIRST UNION CENTER	,	
CITY+ST-ZIP	CHARLOTTE NC 28288-8501		1.4 CITY-S	T-ZIP (WO FIRST UNION CENTER CHARLOTTE NC 28288	í 	
TITLE	VP	DELETE.	2.1 TITLE		_	Change	Addition
NAME	SHENKMAN, ROBERT T		2.2 NAME	\ A	WIN T. SALE	_	
STREET ADDRESS	214 N. HOGAN STREET		2.3 STREE	TADDRESS 0	NE FIRST UNION CENTER	4	
CITY-ST-ZIP	JACKSONVILLE FL 32202		2. 4 CITY-S	ST-ZIP	NE FIRST UNION CENTER CHARLOTTE NC 38388		
TITLE	S	☐ DELETE	3.1 TITLE	$\overline{\mathcal{D}}$		Change	Addition
NAME	HATHWAY, KENT		3.2 NAME	ET	DWARD E. CRUTCHFIELD		
STREET ADDRESS	ONE FIRST UNION CENTER		3.3 STREE	TADDRESS D	NE FIRST UNION CENTER		
CITY-ST-ZIP	CHARLOTTE NC 28288		3.4. CITY- S	ST-ZIP C	NE FIRST UNION CENTER HARLOTTE NC 28288		
TITLE	T	☐ DELETE	4.1 TITLE	D	\sqcup	Change	☐ Addition
NAME.	HATCH, JAMES		4. 2 NAME	50	OHN R. GEORGIUS	,	
STREET ADDRESS	TWO FIRST UNION CENTER		4.3 STREE	TADDRESS O	NE FIRST UNION CENTER	7	
CITY-ST-ZIP	CHARLOTTE NC 28288		4 4 CITY-S	T-ZIP	HARLOTTE NC 28288		
TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	× 1, 1,		6.2 NAME				
STREET ADDRESS	· · · · · · ·		6.3 STREE	T ADDRESS			

14. 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 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 trestee 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 agrees with all other like empowered.

SIGNATURE:

CITY-ST-ZIP