

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001840

1. Entity Name

FIRST UNION ATM SOLUTIONS, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90001 002 ***150.00

Principal Place of Business

Mailing Address

TWO FIRST UNION CENTER
CHARLOTTE NC 28208-8501

TWO FIRST UNION CENTER
NC0200
CHARLOTTE NC 28288

2. Principal Place of Business

3. Mailing Address

301 S. COLLEGE ST
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHARLOTTE NC

City & State

Zip
28288

Country

Zip

Country

4. FEI Number

56-1928887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 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	D	<input checked="" type="checkbox"/> Delete
NAME	GEORGIUS, JOHN R	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUTCHFIELD, EDWARD E	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HATHWAY, KENT	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	T	<input type="checkbox"/> Delete
NAME	HATCH, JAMES	
STREET ADDRESS	TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AHERN, JAMES W	
STREET ADDRESS	TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	SALE, ALVIN T	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT L. ANDERSEN	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN P. JENKINS	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE, NC 28288	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECE G. SUTTON	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH A. PERRY, JR.	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE, NC 28288	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES W. AHERN 4-20-00 704/374-6841

CR2E034 (9/99)