

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90001 012 ***150.00

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1. Entity Name
FIRST CARD CORPORATION



Principal Place of Business
**301 SOUTH COLLEGE STREET
CHARLOTTE, NC 28288-8501**

Mailing Address
**TWO WACHOVIA CENTER
NC0200 ATTN: J. CAMP
CHARLOTTE, NC 28288**

44000589



2. Principal Place of Business

3. Mailing Address

201 S College St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NC0200, Attn: Jenny Fullwood

City & State

City & State

Charlotte, NC

Zip

Country

Zip

28244-0200

Country

US

01062004

Chg-P

CR2E034 (10/03)

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME **S**
STREET ADDRESS **ANDERSEN, ROBERT L**
CITY-ST-ZIP **ONE WACHOVIA CENTER
CHARLOTTE, NC 28288**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JENKINS, BENJAMIN P**
CITY-ST-ZIP **ONE WACHOVIA CENTER
CHARLOTTE, NC 28288**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SUTTON, CECE G**
CITY-ST-ZIP **THREE WACHOVIA CENTER
CHARLOTTE, NC 28288**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **PERRY, RALPH A JR.**
CITY-ST-ZIP **201 S. COLLEGE ST.
CHARLOTTE, NC 28288**

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **GOINS, HERMAN T**
CITY-ST-ZIP **TWO WACHOVIA CENTER
CHARLOTTE, NC 28288**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **HERBERT A WARE**
CITY-ST-ZIP **201 S College St
Charlotte, NC 28244-0200**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Herbert A. Ware

01/08/04