## 2003 FOR PROFIT CORPORATION

UNIFORM	<b>BUSINESS REPOI</b>
DOCUMENT #  1. Entity Name	F96000001840
FIRST CARD CORPOR	ATION



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90183 023 \*\*\*150.00

				·			_						
Principal Place of Business 301 SOUTH COLLEGE STREET CHARLOTTE NC 28288-8501			TWO NCO:	Mailing Address TWO WACHOVIA CENTER NCO200 ATTN: J. CAMP CHARLOTTE NC 28288									
Principal Place of Business     3. Mailing Address				ailing Address						<b>                                     </b>		61011 9011 1081	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State			4	4. FEI Number	56-192888	37		pplied For lot Applicable	
Zip		Country	Zip	)	Coun	try		5. Certificate of	of Status Desired	, []	\$8.75 Ac		
Name and Address of Current Registered Agent						7	. Name and	Address of New	Registere	d Agent			
			<del></del>			~Name	<u> </u>						
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET					:	Street Address (P.O. Box Number is Not Acceptable)							
SUITE 10	5						<del></del> -	· · · · · · · · · · · · · · · · · · ·					
TALLAHASSEE FL 32301						City				F			
	e named entity tions of regist	submits this statement ered agent.	for the purp	oose of changing its	registere	ed office or	registered	agent, or both	, in the State of I	Florida. I ar	n familiar with	, and accept	
SIGNATURE	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, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									tion Campaign I t Fund Contribut	_		OO May Be d to Fees	
10		OFFICERS ANI	DIRECTO	ORS	11.			ADDITIONS/C	HANGES TO O	FFICERS AN	ID DIRECTOR		
TITLE " NAME		N, ROBERT L		☐ Delete	TITLE NAME		VP HERI	han T.	GOINS		☐ Change	X Addition	
STREET ADDRESS CITY-ST-ZIP	CHARLOTT	VACHOVIA CENTER LOTTE NC 28288				ET ADDRESS ST-ZIP	TWO	WO WACHOVIA CENTER CHARLOTTE NC 28288					
title Name		Benjamin P		Delete	TITLE NAME						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		HOVIA CENTER E NC 28288				ST-ZIP							
TITLENAME STREET ADDRESS	SUTTON, (	CHOVIA CENTER		Delete _ =		T ADDRESS	i na manda ii		e de la constantidad que	## <b>#</b> # ## #	. Change	Addition	
CITY-ST-ZIP	PD	E NC 28288		☐ Delete	TITLE		<u> </u>	<del></del> :			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PERRY, RA 201 S. COI CHARLOTT					T ADDRESS ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CAVANESS TWO WACI			Delete .		T ADDRESS ST-ZIP		<del>``</del>			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MES H HOVIA CENTER E NC 28288		<b>⊠</b> Delete		T ADDRESS ST-ZIP					☐ Change	☐ Addition	
	<u> </u>	information supplied wit	h this filing	does not qualify for			ad in Spotio	n 110 07(3\/i)	Elorido Statutos	1 further of	artifu that the i	nfor-notion	

rheledy certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. Florida Statutes, and 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:

JIRGHERMANT. GOINS, VP 4-3-03 704-374-6841