

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90041 028 \*\*\*150.00

UBR1033 A1

**DOCUMENT # F99000001716**

1. Entity Name

**FIRST UNION DEVELOPMENT CORPORATION**

Principal Place of Business

**ONE FIRST UNION CENTER  
 CHARLOTTE NC 28288**

Mailing Address

**TWO FIRST UNION CENTER  
 NC0200, ATTN: J. CAMP  
 CHARLOTTE NC 28288**

2. Principal Place of Business

**ONE WACHOVIA CENTER**

3. Mailing Address

**TWO WACHOVIA CENTER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NC0200, ATTN: J. CAMP**

City & State

**CHARLOTTE NC**

City & State

**CHARLOTTE NC**

Zip

**28288**

Country

**USA**

Zip

**28288**

Country

**USA**

4. FEI Number

**56-1610288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301-2525**

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.

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, 2002 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

TITLE **P** ☐ Delete  
 NAME **WILLIAMS, BENJAMIN F**  
 STREET ADDRESS **ONE FIRST UNION CENTER**  
 CITY-ST-ZIP **CHARLOTTE NC 28288**

TITLE **V** ☒ Delete  
 NAME **AHERN, JAMES W**  
 STREET ADDRESS **TWO FIRST UNION CENTER**  
 CITY-ST-ZIP **CHARLOTTE NC 28288**

TITLE **S** ☐ Delete  
 NAME **DANELLO, TIMOTHY F**  
 STREET ADDRESS **ONE FIRST UNION CENTER**  
 CITY-ST-ZIP **CHARLOTTE NC 28288**

TITLE **T** ☐ Delete  
 NAME **HATCH, JAMES H**  
 STREET ADDRESS **TWO FIRST UNION CENTER**  
 CITY-ST-ZIP **CHARLOTTE NC 28288**

TITLE **D** ☐ Delete  
 NAME **BERTGES, ROBERT F**  
 STREET ADDRESS **TWO FIRST UNION CENTER**  
 CITY-ST-ZIP **CHARLOTTE NC 28288**

TITLE **D** ☒ Delete  
 NAME **SIMPSON, BRIAN E**  
 STREET ADDRESS **TWO FIRST UNION CENTER**  
 CITY-ST-ZIP **CHARLOTTE NC 28288**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **WILLIAMS, BENJAMIN F.**  
 STREET ADDRESS **ONE WACHOVIA CENTER**  
 CITY-ST-ZIP **CHARLOTTE, NC 28288**

TITLE **ASST. VP** ☐ Change ☒ Addition  
 NAME **CAVANESE, SANDY**  
 STREET ADDRESS **TWO WACHOVIA CENTER**  
 CITY-ST-ZIP **CHARLOTTE, NC 28288**

TITLE **S** ☒ Change ☐ Addition  
 NAME **DANELLO, TIMOTHY F.**  
 STREET ADDRESS **ONE WACHOVIA CENTER**  
 CITY-ST-ZIP **CHARLOTTE, NC 28288**

TITLE **T** ☒ Change ☐ Addition  
 NAME **HATCH, JAMES H.**  
 STREET ADDRESS **TWO WACHOVIA CENTER**  
 CITY-ST-ZIP **CHARLOTTE, NC 28288**

TITLE **D** ☒ Change ☐ Addition  
 NAME **BERTGES, ROBERT F.**  
 STREET ADDRESS **TWO WACHOVIA CENTER**  
 CITY-ST-ZIP **CHARLOTTE, NC 28288**

TITLE **D** ☐ Change ☒ Addition  
 NAME **NIELSEN, DAVID L.**  
 STREET ADDRESS **ONE WACHOVIA CENTER**  
 CITY-ST-ZIP **CHARLOTTE, NC 28288**

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:

*Sandy Cavanese*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SANDY CAVANESE, ASST. VP**

4/17/02 704-374-6841  
 Date Daytime Phone #

CR2E034 (9/01)