2000 UNIFORM BUSINESS REPORT (UBR) M99000001950 DOCUMENT# FILED 1. Entity Name 00 MAR -3 PM 12: 52 FIRST UNION COMMERCIAL SHARED RESOURCES, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3. Mailing Address Vo Corporation Service Company Principal Place of Business O Corporation Service Company DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1201 Hays Street 201 Haus Stree Applied For City & State City & State 4. FEI Number 58-2507 888 allahassee Tallahassee Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 32 3.D I 32301 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Corporation Service Company 1201 Hays Street Street Address (P.O. Box Number is Not Acceptable) Tallahassee, FL 32301 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. First Union Commercial Corporation ☐ Addition Change TIT1 F TITLE 301 S. College Street Charlotte, nc 28288 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NÁME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

000003156770

☐ Addition

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE: Potent L. Anderson, SVP of First Union Commercial Corporation, Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 3/1/2000 Date Dayline Prone #



ACCOUNT NO. : 072100000032

REFERENCE : 609711 167868A

AUTHORIZATION :

\$ 50.00 COST LIMIT :

ORDER DATE: March 2, 2000

ORDER TIME : 10:11 AM

ORDER NO. : 609711-005

CUSTOMER NO: 167868A

CUSTOMER: Ms. Aprille M. Mitchell

First Union Corporation

One First Union Ctr Legal Dept. - 31st Floor

Charlotte, NC 28288

ANNUAL REPORT FILING

FIRST UNION COMMERCIAL NAME:

SHARED RESOURCES, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY _ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: