2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001950 1. Entity Name 01 JAN 25 AM 11:01 FIRST UNION COMMERCIAL SHARED RESOURCES, LLC SECRETARY OF STATE TĂLLAHASSEĔ, FLORIDA Principal Place of Business Mailino Address C/O CORPORATION SERVICE COMPANY C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET 1201 HAYS STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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 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 9. MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. TITLE **MGRM** ☐ Addition TITLE ☐ Delete Change NAME FIRST UNION COMMERCIAL CORPORATION NAME STREET ADDRESS 301 S. COLLEGE STREET STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28288-0630 CITY-ST-ZIP TITLE ☐ Detete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME 100003575861: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

01⁰7723/01

Robert L. Andersen, SVP of First Union Commercial Corporation, Member

Contibba



APPROVED





ACCOUNT NO. : 072100000032

REFERENCE :

978105

167868A

AUTHORIZATION

ORDER DATE : January 25, 2001

ORDER TIME : 3:57 PM

ORDER NO. : 978105-010

CUSTOMER NO:

167868A

CUSTOMER: Ms. Aprille M. Mitchell

First Union Corporation

One First Union Center, Nc0630

Legal Division-31st Floor Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME:

FIRST UNION COMMERCIAL 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: Jeanine Reynolds - Ext. 1133

EXAMINER'S INITIALS: