2000 UNIFORM BUSINESS REPORT (UBR) M99000001953 DOCUMENT # 1. Entity Name FILED FIRST UNION SHARED RESOURCES, LLC 00 MAR -1 PM 5: 00 Principal Place of Business Mailing Address SEGRETARY OF STATE
TALEAHASSEE, FLORIDA 301 S. Collaga Straat Charlotta NC 28288-0630 2. Principal Place of Business 3. Mailing Address 301 S. College Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FFI Number City & State -merlotte 58- 2507889 Not Applicable \$5.00 Additional Country 5. Certificate of Status Desired Fee Required *28288-0*630 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Corporation Service Communy Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Streat Tallahassee FL. 32301 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 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. Sr. Vica Prasidant Change Addition TITLE Delete NAME Robert L. Anderson STREET ADDRESS STREET ADDRESS 301 S. Collage Street CITY-ST-ZIP CITY-ST-ZIP Charlotte, NC ZBZ88-0630 ☐ Addition Change Executiva Vica President Delete TITLE TITLE Rohert T. Ahwood NAME NAME 301 S. College Streat STREET ADDRESS STREET ADDRESS Charlotta NC 28288-0630 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE Vica Prasidant Jamas W. Ahern 201 S. College Street Charlotte NC 28288-0630 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE Assistant Socratory NAME NAME Lisa P. Clontz. 301 S. College Street Charlotta Nr. 28288-0630 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vica Placedant for First Union National Bank, Neambar TITLE Change Addition TITLE ☐ Delete NAME Carol R. Mullis NAME STREET ADDRESS STREET ADDRESS 201 S. Collaga Street Charintte NC 28288-0030 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 500003153985 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.



## FLORIDA DEPARTMENT OF STATE

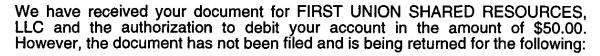
Katherine Harris Secretary of State

March 2, 2000

FIRST UNION SHARED RESOURCES, LLC 301 S. COLLEGE STREET CHARLOTTE, NC 28288-0630

SUBJECT: FIRST UNION SHARED RESOURCES, LLC

Ref. Number: M99000001953



You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 000A00011551

Please give origine submission date as file

\* please note, only Carolina & THIS: 06

Mullis is to be listed on the Carolina STATE

UBR Thanks!



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 50.00

ORDER DATE: March 1, 2000

ORDER TIME: 3:58 PM

ORDER NO. : 608411-005

CUSTOMER NO: 167868A

CUSTOMER: Beverly Jackson, Legal Asst

First Union Corporation One First Union Ctr Legal Dept. - 31st Floor Charlotte, NC 28288

ANNUAL REPORT FILING

FIRST UNION SHARED RESOURCES,

LLC.

XX ANNUAL REPORT

NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: