

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001953

1. Entity Name
FIRST UNION SHARED RESOURCES, LLC

Principal Place of Business **Mailing Address**
301 S. College Street
Charlotte NC 28288-0630

2. Principal Place of Business **3. Mailing Address**
301 S. College Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Charlotte NC Charlotte NC

Zip **Country** **Zip** **Country**
28288-0630 US 28288-0630 US

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL. 32301

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

FILED
00 MAR -1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
58-2507889 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President Robert L. Anderson 301 S. College Street Charlotte, NC 28288-0630 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Robert T. Atwood 301 S. College Street Charlotte NC 28288-0630 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James W. Ahern 301 S. College Street Charlotte NC 28288-0630 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Lisa P. Clantz 301 S. College Street Charlotte NC 28288-0630 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President for First Union National Bank, Member Carol R. Mullis 301 S. College Street Charlotte NC 28288-0630 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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.

SIGNATURE: Vice President of First Union National Bank Carol R. Mullis, Member Carol R. Mullis 2/29/00 704-715-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)



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

RESUBM
Please give original
submission date as file

We have received your document for FIRST UNION SHARED RESOURCES, LLC and the authorization to debit your account in the amount of \$50.00. However, the document has not been filed and is being returned for the following:

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

FILED
00 MAR -1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

** please note, only Carol Mullis is to be listed on UBR. Thanks!*

RECEIVED
00 MAR 09 PM 12:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 608411 167868A

AUTHORIZATION : *Patricia Pizot*

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

NAME: FIRST UNION SHARED RESOURCES,
LLC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: _____

FILED
00 MAR -1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 MAR -1 PM 4:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA