# 2G93 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9900001953

1. Entity Name

FIRST UNION SHARED RESOURCES, LLC



SECRETARY OF STATES Principal Place of Business Mailing Address 301 S. COLLEGE STREET 301 S. COLLEGE STREET CHARLOTTE NC 28288-0630 **CHARLOTTE NC 28288-0630** 2. Principal Place of Business 3. Mailing Address <u>Charlotte, NC</u> 301 S. College Street Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 58-2507889 Charlotte, NC <u>Charlotte, NC</u> Not Applicable Country USA Country 28288 \$5.00 Additional **USA** 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 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 City Zip Code

APPROAL AND

03 FEB 21 PM 12: 54



	ions of registered agent.	purpose of changing its t	egistered office of	registered agent, or t	out, in the state of Fight.	a. Tam iamiliar with,	апо ассері
SIGNATURE .	Signature, typed or printed name of registered agent and titl	e il applicable (NOTE:	Ragistered Agent signatu	jistered Agent signature required when reinstating) DATE			
	ogrados, typed of printed interest registered agent and in	FILE NO Make Check Payable	W!!! FEE IS \$	50.00 partment of State		DATE	
9. MANAGING MEMBERS/MANAGERS			10.		ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, ROBERT L 301 S. COLLEGE STREET CHARLOTTE NC 28288-0630	<b>∏</b> Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ç	5000128	□ Change 174375	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLIS, CAROL R 301 S. COLLEGE STREET CHARLOTTE NC 28288-0630	₹ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MCDONALD, VICTORIA 301 S. COLLEGE STREET CHARLOTTE NC 28288-0630	<b>□X</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member, Wachovia Bank, NA 301 S. College Street	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charlotte, NC 28288	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<i>7</i> -		☐ Cħange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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.

Garol R. (Mullis TVP of Wachovia Bank, SIGNATURE:





### Please give original submission date as file date.

ACCOUNT NO.

: 072100000032

REFERENCE :

937854

167868A

AUTHORIZATION

\$ 50.00

COST LIMIT :

ORDER DATE: February 20, 2003

ORDER TIME :

2:18 PM

ORDER NO. : 937854-010

CUSTOMER NO:

167868A

CUSTOMER: Ms. T. C. Stiles

Wachovia Corporation

One First Union Center, Nc0630 301 South College Street-30th

Charlotte, NC 28288-0630

### ANNUAL REPORT FILING

NAME:

FIRST UNION 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: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: