

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02081 (8)

1. Corporation Name
UVEST FINANCIAL SERVICES GROUP, INC.

Principal Place of Business
128 S TRYON ST STE 1340
PO BOX 32757
CHARLOTTE NC 28202

Mailing Address
128 S TRYON ST STE 1340
PO BOX 32757
CHARLOTTE NC 28202

FILED
Jul 25 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 05/17/1984 | 3a. Date of Last Report 05/17/1996 |
| 4. FEI Number 56-1210987 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

TEW, JOEL R.
201 EAST KENNEDY BOULEVARD
SUITE 1512
TAMPA FL 33602

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

100002251871
07/30/97-01005-013

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|-----------------------------|
| TITLE | PD | 1.1 TITLE | Director / CEO |
| NAME | ROBINSON, JOHN HENRY JR. | 1.2 NAME | Robison, John H., Jr |
| STREET ADDRESS | 270 COLVILLE RD. | 1.3 STREET ADDRESS | 270 Coville Road |
| CITY-ST-ZIP | CHARLOTTE NC | 1.4 CITY-ST-ZIP | Charlotte, NC 28207 |
| TITLE | D | 2.1 TITLE | SVP- Business Development |
| NAME | ROBISON, JOHN HENRY IV | 2.2 NAME | Arnold, Dan H. |
| STREET ADDRESS | 1625 BILTMORE AVE. | 2.3 STREET ADDRESS | 2400 Vernon Drive |
| CITY-ST-ZIP | CHARLOTTE NC | 2.4 CITY-ST-ZIP | Charlotte, NC 28211 |
| TITLE | DC | 3.1 TITLE | SVP- Sales |
| NAME | ROBISON, JOHN HENRY JR. | 3.2 NAME | Vaughan, Mark A. |
| STREET ADDRESS | 270 COLVILLE ROAD | 3.3 STREET ADDRESS | 8924 Parkcrest St. |
| CITY-ST-ZIP | CHARLOTTE NC | 3.4 CITY-ST-ZIP | Huntersville, NC 28078 |
| TITLE | CFDS | 4.1 TITLE | Chief Financial Officer |
| NAME | VINES, MICHAEL | 4.2 NAME | Vines, Michael L. |
| STREET ADDRESS | 4500-1F PROVIDENCE ROAD | 4.3 STREET ADDRESS | 2600 Okborough Dr. |
| CITY-ST-ZIP | CHARLOTTE NC | 4.4 CITY-ST-ZIP | Matthews, NC 28105 |
| TITLE | S | 5.1 TITLE | Vice President - Research |
| NAME | SMITH, THOMAS G JR. | 5.2 NAME | Smith, Thomas G., Jr. |
| STREET ADDRESS | 7744 PARK RD. | 5.3 STREET ADDRESS | 7744 Park Rd. |
| CITY-ST-ZIP | CHARLOTTE NC 28210 | 5.4 CITY-ST-ZIP | Charlotte, NC 28210 |
| TITLE | | 6.1 TITLE | Vice President - Operations |
| NAME | | 6.2 NAME | Payne, Terri L. |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 11425 Vista Haven Drive |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Charlotte, NC 28226 |

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

7-2397704348-3148

CR2E034 (4/97)