

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P08516 (7)

1. Corporation Name

FIRST UNION BROKERAGE SERVICES, INC.

Principal Place of Business

TWO FIRST UNION CNT 0200  
CHARLOTTE NC 28288-7200

Mailing Address

TWO FIRST UNION CNT 0200  
CHARLOTTE NC 28288-7200



3. Date Incorporated or Qualified  
12/23/1985

3a. Date of Last Report  
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

56-1252143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
FIRST FLORIDA BANK BLDG, STE 420  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME MOODY, DWIGHT  
STREET ADDRESS 570 UNIVERSITY BLVD  
CITY-STATE-ZIP JAX FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE VP ☒ DELETE  
NAME PROPST, ROBERT B.  
STREET ADDRESS TWO FIRST UNION CENTER  
CITY-STATE-ZIP CHARLOTTE NC

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Warren Leighton  
2.3 STREET ADDRESS Two First Union Center, NC 200  
2.4 CITY-STATE-ZIP Charlotte NC 28288

TITLE S ☐ DELETE  
NAME HATHAWAY, KENT S.  
STREET ADDRESS ONE FIRST UNION CTR  
CITY-STATE-ZIP CHARLOTTE NC

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE T ☐ DELETE  
NAME HATCH, JAMES H.  
STREET ADDRESS TWO FIRST UNION CNT 0200  
CITY-STATE-ZIP CHARLOTTE NC

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE D ☐ DELETE  
NAME CRUTCHFIELD, EDWARD E.  
STREET ADDRESS ONE FIRST UNION CENTER  
CITY-STATE-ZIP CHARLOTTE NC

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE D ☒ DELETE  
NAME DUNN, FRANK  
STREET ADDRESS ONE FIRST UNION CENTER  
CITY-STATE-ZIP CHARLOTTE NC

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Director  
6.3 STREET ADDRESS John Georgius  
6.4 CITY-STATE-ZIP One First Union Center  
Charlotte NC 28288

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)