

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28329

1. Entity Name

~~EVEREN SECURITIES, INC.~~ First Union Securitus, Inc.

FILED

00 MAR -6 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

77 W WACKER DRIVE
CHICAGO IL 60601
US

77 W WACKER DRIVE
LEGAL DEPT.
CHICAGO IL 60601-1604
US

2. Principal Place of Business

301 S. College St.

3. Mailing Address

1201 Hays St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Charlotte, NC

City & State

Tallahassee FL

4. FEI Number

34-1542819

Applied For

Not Applicable

Zip

Country

28288-0630

USA

Zip

Country

32301

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCGIVERN, ARTHUR	
STREET ADDRESS	77 W WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORIS, JAMES R.	
STREET ADDRESS	77 W WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601-1994	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	REALI, JANET L	
STREET ADDRESS	77 W WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FALLIS, STANLEY R.	
STREET ADDRESS	77 W. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCGIVERN, ARTHUR J	
STREET ADDRESS	77 W WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601-1994	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCONAHEY, STEPHEN G.	
STREET ADDRESS	77 W. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan L. Maxwell, Jr.	
STREET ADDRESS	301 S. College St	
CITY-ST-ZIP	Charlotte, NC 28288	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott L. Ilario	
STREET ADDRESS	301 S. College St	
CITY-ST-ZIP	Charlotte, NC 28288	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James F. Powers	
STREET ADDRESS	301 S. College St.	
CITY-ST-ZIP	Charlotte, NC 28288	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen E. Cummings	
STREET ADDRESS	301 S. College St.	
CITY-ST-ZIP	Charlotte, NC 28288	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Barnus Hauptfuhrer	
STREET ADDRESS	301 S. College St.	
CITY-ST-ZIP	Charlotte, NC 28288	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven W. Kohlhaugen	
STREET ADDRESS	301 S. College St.	
CITY-ST-ZIP	Charlotte, NC 28288	

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James F. Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00
Date

704-374-6611
Daytime Phone #

CR2E034 (9/99)

300003159662-5



ACCOUNT NO. : 072100000032

REFERENCE : 611650 167868A

AUTHORIZATION :

Patricia Kizut

COST LIMIT : \$ 150.00

ORDER DATE : March 3, 2000

ORDER TIME : 3:52 PM

ORDER NO. : 611650-010

CUSTOMER NO: 167868A

CUSTOMER: Lisa P. Clontz, Legal Asst
First Union Corporation
One First Union Ctr
Legal Dept. - 31st Floor
Charlotte, NC 28288

ANNUAL REPORT FILING

NAME: FIRST UNION SECURITIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____

RECEIVED
 00 MAR - 6 PM 4: 34
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA