

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 25 1996 8:00 am  
Secretary of State

DOCUMENT # **P33720** (4)

1. Corporation Name

~~FIRST UNION CORPORATION OF NORTH CAROLINA~~

**First Union Services, Inc. NE 3/13/96**



Principal Place of Business

Mailing Address

ONE FIRST UNION CENTER  
CHARLOTTE NC 28288

ONE FIRST UNION CENTER  
CHARLOTTE NC 28288

3. Date Incorporated or Qualified  
**04/26/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**56-1459596**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
STE. 105  
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 principal applicant.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUTCHFIELD, EDWARD E.</b>	
STREET ADDRESS	<b>ONE FIRST UNION CENTER</b>	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LONDON, DOROTHY</b>	
STREET ADDRESS	<b>TWO FIRST UNION CENTER</b>	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HATHAWAY, KENT S.</b>	
STREET ADDRESS	<b>TWO FIRST UNION CENTER</b>	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HATCH, JAMES H.</b>	
STREET ADDRESS	<b>TWO FIRST UNION CENTER</b>	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CRUTCHFIELD, EDWARD E.</b>	
STREET ADDRESS	<b>1 FIRST UNION CENTER</b>	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GEORGIUS, JOHN R.</b>	
STREET ADDRESS	<b>1 FIRST UNION CENTER</b>	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VP</b>
2.3 STREET ADDRESS	<b>WALTER LEIGHTON</b>
2.4 CITY - ST - ZIP	<b>TWO FIRST UNION CENTER</b>
	<b>CHARLOTTE NC 28288</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>700001794987</b>
3.4 CITY - ST - ZIP	<b>-04/25/96--01080--038</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>***200.00</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Director</b>
5.3 STREET ADDRESS	<b>Robert Atwood</b>
5.4 CITY - ST - ZIP	<b>ONE FIRST UNION CENTER</b>
	<b>CHARLOTTE NC 28288</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: **Walter Leighton** **WALTER R. LEIGHTON**

**4/11/96** (700) 383-9990

CR2E034 (12/95)