

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 Country

28 Zip 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 official capacity.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

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

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	VP
2.3 STREET ADDRESS	WALTER LEIGHTON
2.4 CITY - ST - ZIP	TWO FIRST UNION CENTER
	CHARLOTTE NC 28288
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	700001794987
3.4 CITY - ST - ZIP	-04/25/96--01080--038
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	***200.00
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Robert Atwood
5.4 CITY - ST - ZIP	ONE FIRST UNION CENTER
	CHARLOTTE NC 28288
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 R. Leighton**

4/11/96 (700)383-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)