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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33720** (4)
1. Corporation Name
FIRST UNION SERVICES, INC.



Principal Place of Business ONE FIRST UNION CENTER CHARLOTTE NC 28288	Mailing Address ONE FIRST UNION CENTER CHARLOTTE NC 28288
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/26/1991	3a. Date of Last Report 04/25/1996
21. Suite, Apt. #, etc.	26. TWO FIRST UNION CENTER, NC 0200	4. FEI Number 56-1459596	Applied For Not Applicable
22. City & State	27. CHARLOTTE, NC	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. 2828-0200	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. 2828-0200	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET STE.105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83. City			
84. State	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUTCHFIELD, EDWARD E.	1.2 NAME	
STREET ADDRESS	ONE FIRST UNION CENTER	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	CHARLOTTE, NC 28288
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHTON, WARREN	2.2 NAME	
STREET ADDRESS	TWO FIRST UNION CENTER	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28288	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, KENT S.	3.2 NAME	
STREET ADDRESS	TWO FIRST UNION CENTER	3.3 STREET ADDRESS	ONE FIRST UNION CENTER
CITY - ST - ZIP	CHARLOTTE NC	3.4 CITY - ST - ZIP	CHARLOTTE, NC 28288
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, JAMES H.	4.2 NAME	
STREET ADDRESS	TWO FIRST UNION CENTER	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	4.4 CITY - ST - ZIP	CHARLOTTE, NC 28288
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTWOOD, ROBERT	5.2 NAME	ATTWOOD, ROBERT
STREET ADDRESS	1 FIRST UNION CENTER	5.3 STREET ADDRESS	ONE FIRST UNION CENTER
CITY - ST - ZIP	CHARLOTTE NC	5.4 CITY - ST - ZIP	CHARLOTTE, NC 28288
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGIUS, JOHN R.	6.2 NAME	
STREET ADDRESS	1 FIRST UNION CENTER	6.3 STREET ADDRESS	ONE FIRST UNION CENTER
CITY - ST - ZIP	CHARLOTTE NC	6.4 CITY - ST - ZIP	CHARLOTTE, NC 28288

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: Warren R. Leighton **REQUIRED** WARREN R. LEIGHTON (704) 374-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)