

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
 Aug 06 1998 8:00 am  
 Secretary of State

DOCUMENT # P33720  
 1. Corporation Name

(4)

FIRST UNION SERVICES, INC.



Principal Place of Business  
 ONE FIRST UNION CENTER  
 CHARLOTTE NC 28268

Mailing Address  
 TWO FIRST UNION CTR , NC 28200  
 CHARLOTTE NC 28288  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/26/1991	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	56-1459596	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
84	City
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 resigning)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input 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	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHTON, WARREN		2.2 NAME	David Reed	
STREET ADDRESS	TWO FIRST UNION CENTER		2.3 STREET ADDRESS	Two First Union Center, NCO300	
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP	Charlotte NC 28288	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, KENT S.		3.2 NAME		
STREET ADDRESS	ONE FIRST UNION CENTER		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP	Charlotte NC 28288	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWOOD, ROBERT		5.2 NAME		
STREET ADDRESS	ONE FIRST UNION CENTER		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		5.4 CITY-ST-ZIP	Charlotte NC 28288	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGIUS, JOHN R.		6.2 NAME		
STREET ADDRESS	ONE FIRST UNION CENTER		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		6.4 CITY-ST-ZIP	Charlotte NC 28288	

14. 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 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: David W. Reed

7/31/98

704 374 6841

CR2E034 (5/98)