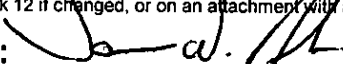


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90931 048 ***150.00

C0058636

DOCUMENT # P33720				✓	
1. Entity Name FIRST UNION SERVICES, INC.					
Principal Place of Business			Mailing Address		
One First Union Center Charlotte, NC 28288			Corporate Tax, NC0200 Two First Union Center Charlotte, NC 28288		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
				56-1459596	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Prentice-Hall Corporation System, Inc. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Don R. Johnson	NAME			
STREET ADDRESS	One First Union Center	STREET ADDRESS			
CITY - ST - ZIP	Charlotte, NC 28288	CITY - ST - ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	James W. Ahern	NAME			
STREET ADDRESS	Two First Union Center	STREET ADDRESS			
CITY - ST - ZIP	Charlotte, NC 28288	CITY - ST - ZIP			
TITLE	Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Robert L. Andersen	NAME			
STREET ADDRESS	One First Union Center	STREET ADDRESS			
CITY - ST - ZIP	Charlotte, NC 28288	CITY - ST - ZIP			
TITLE	Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	James H. Hatch	NAME			
STREET ADDRESS	Two First Union Center	STREET ADDRESS			
CITY - ST - ZIP	Charlotte, NC 28288	CITY - ST - ZIP			
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Keith D. Lembo	NAME			
STREET ADDRESS	One First Union Center	STREET ADDRESS			
CITY - ST - ZIP	Charlotte, NC 28288	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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 W. Ahern, VP		4/23/01 704-374-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

CR2E034 (11/00)