

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90245 027 ***150.00

DOCUMENT # P33720
1. Entity Name
First Union Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business One Wachovia Center Suite, Apt. #, etc.	3. Mailing Address Two Wachovia Center Suite, Apt. #, etc. NC0200, J.Camp
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City & State Charlotte, NC	City & State Charlotte, NC
Zip 28288	Country USA
Zip 28288-0200	Country USA

4. FEI Number
56-1459596

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
~~Prentice-Hall-Corporation-System~~

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL Zip Code
32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Don R. Johnson One Wachovia Center Charlotte, NC 28288	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. VP Sandy Cavaness Two Wachovia Center Charlotte, NC 28288	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Robert L. Andersen One Wachovia Center Charlotte, NC 28288	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer James H. Hatch Two Wachovia Center Charlotte, NC 28288	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Michael A. Watkins One Wachovia Center Charlotte, NC 28288	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandy Cavaness Sandy Cavaness, AVP 4/18/02 704-374-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)