2001 UNIFORM BUSINESS REPORT (UBR)

200	1 UNI	FORM I	BUSI	NESS REPO	RT (UE	R)		page la	12	
DOCUMENT # P9800005358										
FIRST UNION GENESIS HOLDINGS, INC.							FILED			
							01 JUL 25 AM 10: 51			
Principal Place of Business				Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
980 NORTH FEDERAL HIGHWAY #210 BOCA RATON FL 33432				980 NORTH FEDERAL HIGHWAY #210 BOCA RATON FL 33432			(AL)	LANASSEE, F	LORIDA	
2. Principal (Place of Busir	ness	C	Mailing Address OMOMATION SENICE (DMOANU)				BONN ORNÍN SENN BERN 251		[]]]]
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State				Tallahassee FL			4. FEI Number 65-081	1010		oplied For
Zìp		Country		32301-2607	Country		5. Certificate of Status De		8.75 Add	ditional
6. Name and Address of Current Re				egistered Agent			7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY						Name				
1201 HAYS STREET			•	Street	t Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525										
				i .	City	-		FL	Zip Cod	e
8. The above	e named entity	y submits this sta	itement for t	he purpose of changing its r	egistered office	or register	ed agent, or both, in the Sta	te of Florida.		
600004494886i										
SIGNATURE	Signature, typed	or printed name of regi	stered agent an	d title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)	DATE		
		ble to satisfy its			! FEE IS \$550		10. Election Campa	aion Financino	\$5.0	0 May Be
	requirement a ria on back)	and elects to do	so.	After September 12, Make Check Payabl			UU Trust Fund Con			to Fees
11.		OFFICI	ERS AND D	IRECTORS	12.		ADDITIONS/CHANGES 1		DIRECTOR:	S IN 11
TITLE NAME	PD	DOMAIL T		Delete	TITLE	Presi	dent 3 Director	-	☐ Change	Addition
				` ' `	NAME STREET ADDRESS	1980	KS. Staples North Federal His	ghway '		
CITY-ST-ZIP	BOCA RAT	ON FL 33432			CITY-ST-ZIP	1300	a Raton, FL	33432		
TITLE	DT	\C:		Delete	THTLE		President		Change	Addition Addition
NAME STREET ADDRESS	MARKS, JO	JEL METER CENTE	R WEST		NAME STREET ADDRESS	(W)	IR. Mullis College Stree	, L		
CITY-ST-ZIP	ATLANTA (_			CITY-ST-ZIP	Cha	rlotte, nc 2	8288		
TITLE	D	DE40		Delete	TITLE	CFC) & Director		Change	☐ Addition
NAME STREET ADDRESS	GLASER, C	ERAL HWY		,	NAME STREET ADDRESS	la an	g Glaser North Federal	Highwai	И	i
CITY-ST-ZIP		ON FL 33432			CITY-ST-ZIP		a Raton, FL	33432	•	
TITLE	D			Delete	TITLE	Secr	etary		☐ Change	(A) Addition
NAME STREET ADDRESS		n, william d Deral Hwy			NAME STREET ADDRESS	1201	d A. Albrer S. College Str	-ee+		`
CITY-ST-ZIP		ON FL 33432			CITY-ST-ZIP			18288		
TITLE	D			Delete	TITLE	Nice	(t))\range (t)		☐ Change	Addition
NAME STREET ADDRESS	LEHMAN, J			′.)	NAME	Mar	shall T. Leeds Vorth Federal	Highway		^
CITY-ST-ZIP	NEW YORK	GTON AVENUE (NY 10022			STREET ADDRESS CITY-ST-ZIP	1200	a Raton, FL	33432		
TITLE	D	· · · · · · · · · · · · · · · · · · ·		₩ Delete	TITLE	Direct	1		☐ Change	☐ Addition
NAME	COHEN, SA			<i>\(\)</i>	NAME	DWI	a moneury,	Highway	-	
		Deral Hwy 🔪 On FL 33432 🖰			STREET ADDRESS CITY-ST-ZIP	1480	North Federal	33432	78	5
13. Thereby o	certify that the	information sup	plied with th	nis filing does not qualify for t	he exemption st	ated in Se	ction 119 07(3)(i). Florida Sta	atutes I further certif	y that the ir	formation
of the cor	on this report poration or th	t or supplementa e receiver or trus	l report is tr stee empow	ue and accurate and that my ered to execute this report a	z signature shall.	bave the s	ame lenal effect as if made.	under oath: that I an	n an officer	or director
cnanged,	, or on an atta	criment with an a	iaaress, wit	h all other like empowered.	1226			1		}

SIGNATURE:

Daytime Phone #



ACCOUNT NO. : 07210000032

REFERENCE

236375

167868A

DIVISION OF CORPORATION

AUTHORIZATION

COST LIMIT : \$ 550.00

ORDER DATE: July 24, 2001

ORDER TIME : 3:30 PM

ORDER NO. : 236375-005

CUSTOMER NO: 167868A

CUSTOMER: Ms. Aprille M. Mitchell

First Union Corporation

One First Union Center, Nc0630

Legal Division-31st Floor Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME:

FIRST UNION GENESIS HOLDINGS,

INC.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: