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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 817306 (4)

1. Corporation Name
FIRST UNION MORTGAGE CORPORATION

Principal Place of Business Mailing Address

**1800 TWO FIRST UNION CENTER
CHARLOTTE NC 28288-1089** **1800 TWO FIRST UNION CENTER
CHARLOTTE NC 28288-1089**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/23/1963 | 3a. Date of Last Report 04/29/1994 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 56-0811711 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 7. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET STE. 105 TALLAHASSEE FL 32301 | | | | B1 | Name |
| | | | | B2 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | B3 | |
| | | | | B4 | City |

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 | DT | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ATWOOD, ROBERT | 1.2 NAME | |
| STREET ADDRESS | ONE FIRST UNION CENTER | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHARLOTTE NC 28288 | 1.4 CITY - ST - ZIP | |
| TITLE | VS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COWELL, MARION A JR | 2.2 NAME | |
| STREET ADDRESS | ONE FIRST UNION CENTER | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHARLOTTE NC 28288 | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MELTON, BURT H. | 3.2 NAME | |
| STREET ADDRESS | ONE FIRST UNION CENTER | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHARLOTTE NC 28288 | 3.4 CITY - ST - ZIP | |
| TITLE | PD | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABBOTT, JAMES A | 4.2 NAME | President |
| STREET ADDRESS | 1800 TWO FIRST UNION CENTER | 4.3 STREET ADDRESS | James E. Maynor |
| CITY - ST - ZIP | CHARLOTTE NC 28288-1089 | 4.4 CITY - ST - ZIP | 1800 Two First Union Center Charlotte, NC 28288-1080 |
| TITLE | V | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALVIN M. BROWN, JR. | 5.2 NAME | |
| STREET ADDRESS | 1800 TWO FIRST UNION CENTER | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHARLOTTE NC 28288-1087 | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | V |
| STREET ADDRESS | | 6.3 STREET ADDRESS | Debra M. Warren |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | 1800 Two First Union Center Charlotte, NC 28288-1089 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Debra M. Warren 4-10-95 704/374-7197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Issue #)

Debra M. Warren