

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 817306 (4)

1. Corporation Name
FIRST UNION MORTGAGE CORPORATION



Principal Place of Business 1800 TWO FIRST UNION CENTER CHARLOTTE NC 28288-1069	Mailing Address 1800 TWO FIRST UNION CENTER CHARLOTTE NC 28288
--	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/23/1963	3a. Date of Last Report 04/23/1996	4. FEI Number 56-0811711	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST 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 FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	ATWOOD, ROBERT ONE FIRST UNION CENTER CHARLOTTE NC 28288	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VS	COWELL, MARION A JR ONE FIRST UNION CENTER CHARLOTTE NC 28288	1.2 NAME	
TITLE D	MELTON, BURT H. ONE FIRST UNION CENTER CHARLOTTE NC 28288	1.3 STREET ADDRESS	
TITLE P	MAYNOR, JAMES E 1800 TWO FIRST UNION CENTER CHARLOTTE NC	1.4 CITY-ST-ZIP	
TITLE V	ALVIN M. BROWN, JR. 1800 TWO FIRST UNION CENTER CHARLOTTE NC 28288-1087	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	WARREN, DEBRA M. 1800 TWO FIRST UNION CENTER CHARLOTTE NC	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	Charlotte, NC 28288-1080
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	Charlotte, NC 28288-1089

14. I do 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 _____ address.

SIGNATURE: *Alvin M. Brown, Jr.* SUP 4/28/97 704-374-3096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)