

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 817306 (4)
 1. Corporation Name
FIRST UNION MORTGAGE CORPORATION



Principal Place of Business 1800 TWO FIRST UNION CENTER CHARLOTTE NC 28288-1089	Mailing Address 1800 TWO FIRST UNION CENTER CHARLOTTE NC 28288-1089
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1963	
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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
				85 Zip Code FL	

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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELTON, BURT H.		3.2 NAME Jack M Antonini	
STREET ADDRESS ONE FIRST UNION CENTER		3.3 STREET ADDRESS One First Union Center	
CITY-ST-ZIP CHARLOTTE NC 28288		3.4 CITY-ST-ZIP Charlotte, NC 28288	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MAYNOR, JAMES E		4.2 NAME	
STREET ADDRESS 1800 TWO FIRST UNION CENTER		4.3 STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE NC		4.4 CITY-ST-ZIP 28288-1080	
TITLE V	<input type="checkbox"/> DELETE	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 V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WARREN, DEBRA M.		6.2 NAME	
STREET ADDRESS 1800 TWO FIRST UNION CENTER		6.3 STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE NO		6.4 CITY-ST-ZIP 28288-1089	

14. 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 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: *Alvin M. Brown, Jr.* 4-28-98 704-374-3096

CR2E034 (10/97)