

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90104 049 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **817306**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/23/1963**

2. Principal Place of Business	2a. Mailing Address
21 201 S College Street	26 201 S College Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 1600	27 Suite 1600
City & State	City & State
23 Charlotte, NC	28 Charlotte, NC
Zip Country	Zip Country
24 28288-1089 25 US	29 28288-1089 30 US

4. FEI Number	Applied For
<b>56-0811711</b>	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input 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

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

TITLE	DT	<input type="checkbox"/> DELETE
NAME	ATWOOD, ROBERT	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	COWELL, MARION A JR	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANTONINI, JACK M	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAYNOR, JAMES E	
STREET ADDRESS	1800 TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALVIN M. BROWN, JR.	
STREET ADDRESS	1800 TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288-1087	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WARREN, DEBRA M.	
STREET ADDRESS	1800 TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NO 28288	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Teresa I. Cox
5.3 STREET ADDRESS	1100 Corporate Center Drive
5.4 CITY-ST-ZIP	Raleigh, NC 27607-5066
6.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Teresa I Cox* **Teresa I Cox** 4/19/99 919-852-6561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)