

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90075 017 \*\*\*150.00

**DOCUMENT # 817306**

1. Entity Name  
**FIRST UNION MORTGAGE CORPORATION**

Principal Place of Business 201 S COLLEGE STREET SUITE 1600 CHARLOTTE NC 28288-1089 US	Mailing Address 201 S COLLEGE STREET SUITE 1600 CHARLOTTE NC 28244-0002 US
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>56-0811711</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 1201 HAYS ST  
 STE. 105  
 TALLAHASSEE FL 32301

Name		
-Street Address (P.O. Box Number is Not Acceptable)-		
City	<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DT</b>	<input type="checkbox"/> Delete <b>ATWOOD, ROBERT</b> ONE FIRST UNION CENTER CHARLOTTE NC 28288	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VS</b>	<input checked="" type="checkbox"/> Delete <b>COWELL, MARION A JR</b> ONE FIRST UNION CENTER CHARLOTTE NC 28288	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>EVP &amp; S</b> <b>Treanor, Mark C</b> One First Union Center Charlotte, NC 28288
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>ANTONINI, JACK M</b> ONE FIRST UNION CENTER CHARLOTTE NC 28288	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Director</b> <b>Carroll, DAVID M</b> One First Union Center Charlotte, NC 28288
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>MAYNOR, JAMES E</b> 1800 TWO FIRST UNION CENTER CHARLOTTE NC 28288	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SVP</b>	<input type="checkbox"/> Delete <b>COX, TERESA I</b> 1100 CORPORATE CENTER DRIVE RALEIGH NC 27607-5066	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>WARREN, DEBRA M.</b> 1800 TWO FIRST UNION CENTER CHARLOTTE NO 28288	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Teresa I. Cox **TERESA I. COX** **4-25-2000** **919-881-6459**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.R. 1.014 (9/99)