

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001320

FILED
Apr 28, 2008
Secretary of State

Entity Name: WACHOVIA DEALER SERVICES, INC.

Current Principal Place of Business:

23 PASTEUR ROAD
ATTN LEGAL DEPT
IRVINE, CA 92718

New Principal Place of Business:

Current Mailing Address:

C/O CSC
2711 CENTERVILLE RD
WILMINGTON, DE 19808

New Mailing Address:

FEI Number: 33-0291646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MULLIS, CAROL R
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

Title: SEC () Delete
Name: DU BOSE, GUY
Address: 23 PASTEUR ROAD
City-St-Zip: IRVINE, CA 92618

Title: D () Delete
Name: WURTZ, THOMAS J
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

Title: PCEO () Delete
Name: WOLFE, THOMAS
Address: 23 PASTEUR ROAD
City-St-Zip: IRVINE, CA 92618

Title: D (X) Delete
Name: JEFFRIES, ROSS E
Address: 301 S. COLLEGE ST.
City-St-Zip: CHARLOTTE, NC 28288

Title: D () Delete
Name: CARLOS, EVANS E
Address: 301 S. COLLEGE ST.
City-St-Zip: CHARLOTTE, NC 28288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MITCHELL, APRILLE M
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WOLFE, THOMAS
Address: 23 PASTEUR ROAD
City-St-Zip: IRVINE, CA 92618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRILLE M MITCHELL

VP

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date