

2002 **LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000002224
1. Entity Name
 Wachovia Operational Services, LLC

FILED
02 MAY -1 PM 4:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 301 South College Street
 Suite, Apt. #, etc. TW 31 (NC0630)
3. Mailing Address 301 South College Street
 Suite, Apt. #, etc. TW31 (NC0630)

DO NOT WRITE IN THIS SPACE

City & State Charlotte, NC
City & State Charlotte NC

4. FEI Number 56-2263709
 Applied For Not Applicable

Zip 28288 **Country** US
Zip 28288 **Country** US

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
City Tallahassee **FL** **Zip Code** 32301

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.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Member-Manager Wachovia Bank, National Association 301 S. College St. (NC0630) Charlotte, NC 28288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: by: Michael A. Watkins **Wachovia Bank, N.A. - Sole Member-Manager**
 Michael A. Watkins, SVP 4/30/02 (704) 715-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #