

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002224

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** WACHOVIA OPERATIONAL SERVICES, LLC

**Current Principal Place of Business:**

C/O CSC  
2711 CENTERVILLE RD  
WILMINGTON, DE 19808

**New Principal Place of Business:**

100 NORTH MAIN STREET  
WINSTON-SALEM, NC 27101

**Current Mailing Address:**

C/O CSC  
2711 CENTERVILLE RD  
WILMINGTON, DE 19808

**New Mailing Address:**

100 NORTH MAIN STREET  
WINSTON-SALEM, NC 27101

**FEI Number:** 56-2263709

**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

**MANAGING MEMBERS/MANAGERS:**

Title: MEMB  
Name: WACHOVIA BANK, NATIONAL ASSOCIATION  
Address: 301 SOUTH COLLEGE STREET  
City-St-Zip: CHARLOTTE, NC 28288

Title: MGR  
Name: SAMMONS, HOLLYE  
Address: 301 S. COLLEGE ST  
City-St-Zip: CHARLOTTE, NC 28288

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: HOLLYE SAMMONS

MGR

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date