

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0043235 AV

**DOCUMENT # 694937**  
 1. Entity Name  
**WACHOVIA SECURITIES FINANCIAL NETWORK, INC.**



FILED

03 FEB -6 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**C/O CORPORATE SERVICE CO.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

Mailing Address  
**C/O CORPORATE SERVICE CO.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**



2. Principal Place of Business  
**901 East Byrd Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Richmond, VA**

City & State

Zip  
**23219**

Country  
**USA**

Zip

Country

4. FEI Number **59-2617265**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D MONDAY, DAVID</b>
STREET ADDRESS	<b>901 E. BYRD</b>
CITY-ST-ZIP	<b>RICHMOND VA 23219</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>D STAPLES, MARK</b>
STREET ADDRESS	<b>901 EAST BYRD ST</b>
CITY-ST-ZIP	<b>RICHMOND VA 23219</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D WIMBISH, KAREN</b>
STREET ADDRESS	<b>901 EAST BYRD ST</b>
CITY-ST-ZIP	<b>RICHMOND VA 23219</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D GLASER, GREGG</b>
STREET ADDRESS	<b>980 N FEDERAL HIGHWAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>SV ANDERSON, ROBERT L</b>
STREET ADDRESS	<b>301 S. COLLEGE ST</b>
CITY-ST-ZIP	<b>CHARLOTTE NC 28288-0630</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>V MULLIS, CAROL R</b>
STREET ADDRESS	<b>301 S. COLLEGE ST</b>
CITY-ST-ZIP	<b>CHARLOTTE NC 28288-0630</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>John G. Peluso</b>
CITY-ST-ZIP	<b>901 East Byrd Street</b>
	<b>Richmond, VA 23219</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert L Andersen</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600011917526

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol R. Mullis 2/5/2003 704/374-6612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)