2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

817306 DOCUMENT

1. Entity Name



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90139 003 ***150.00

WACHOVIA MORTGAGE CORPORATION							03-01-2003	90139	303 ***13	,0.00	
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 28288-1089 US								
2. Principal Place of Business			3. Mailing Address			1	1 184191 (BIB) 11814 (CBS8 (1411 88	III 861 8681	TIMIL DIMIL MIMIL	8484) WIDII 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEII	Number 56-0811711			opplied For Not Applicable	_
Zip	Zip Country		Zip	Country		5. Cert	tificate of Status Desired		\$8.75 Ad Fee Require		
	6. Name	and Address of Current F	Registered Agent			7. Nam	ne and Address of New R	egistered	Agent		4
PRENTICE-HALL CORPORATION SYSTEM, INC.					Name Street Address (P.O. Box Number is Not Acceptable)						
1201 HAY STE. 105	'S ST					`		,			$\frac{1}{2}$
	SSEE FL 32	301			City			FI	Zip Cod	de	-
	named entity		the purpose of changing its	registere	l ed office or register	red agent,	or both, in the State of Flo	orida. I am	familiar with	, and accept	1
SIGNATURE .		_								·	
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature required	d when reinsta	ting)	DATE			4
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 Fir Trust Fund Contributio			00 May Be ad to Fees	
10.	•	OFFICERS AND D		11.		ADDIT	IONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	3S IN 11	┨
TITLE	DEVP	OTTIOLIS AND L	□ Delete	TITLE		ADDIT		100110111	Change	Addition	18
NAME		ROBERT V		NAM							100
STREET ADDRESS CITY-ST-ZIP		ILLEGE STREET, STE 16 TE NC 28288-1089	600		ET ADDRESS - ST-ZIP						1,100
TITLE	DCEO		☐ Delete	TITLE					Change	Addition] 6
NAME	WARREN,		200	NAM							
STREET ADDRESS CITY-ST-ZIP		illege street, ste 16 Te NC 28288	000		ET ADDRESS -ST-ZIP						
	DEVP	12 110 20200	Delete	TITLE					☐ Change	Addition	┪
TITLE NAME	CARROL,	DAVID M	L Delete	NAM					[_] Change	Addition	
STREET ADDRESS		LLEGE ST.		STRE	ET ADDRESS						
CITY-ST-ZIP	CHARLOT	TE NC 28288-0014		CITY	-ST-ZiP						
TITLE	SVP		🔀 Delete	TITLE	:				☐ Change	☐ Addition	Ì
NAME	COX, TERI			NAM	I						
STREET ADDRESS		PORATE CENTER DR NC 27607-5066			ET ADDRESS						1
CITY-ST-ZIP	VP	NO 21001-0000			-ST-ZIP			•		Addition	-
TITLE NAME	VP FULBRIGH	T. GAY I	☐ Delete	TITLE					☐ Change	. — Modition	}
STREET ADDRESS		PORATE CENTER DRIVE			ET ADDRESS						}
CITY-ST-ZIP		NC 27607-5066	-		-ST-ZIP						
TITLE	SVP		X Delete	TITLE			16-11-11-11-11-11-11-11-11-11-11-11-11-1		Change	☐ Addition	1
NAME	MILLER, JI	ERRY M JR		NAM	i						
		LLEGE STREET, TW-31			ET ADDRESS						
CITY-ST-7JP	LICHARI OT	TE NO 28288		CITY-	-ST-ZIP						1

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.

919-852-6486