FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:56

DOCUMENT # **822612** **(8)**

1. Corporation Name
WACHOVIA MORTGAGE COMPANY

Principal Place of Business	Mailing Address
301 N. MAIN STREET P O BOX 3099, MC 32122 WINSTON-SALEM NC 27150-3099	301 N. MAIN STREET P O BOX 3099, MC 32122 WINSTON-SALEM NC 27150-3099

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1969
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-0927968 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	MEDLIN, JOHN G, JR	1.2 NAME	KING, W. DOUG	
STREET ADDRESS	301 N MAIN ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINSTON-SALEM NC	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCOY, ROBERT S JR	2.2 NAME		
STREET ADDRESS	301 N. MAIN ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINSTON SALEM NC	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, L.M. JR.	3.2 NAME		
STREET ADDRESS	301 N MAIN ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINSTON SALEM NC	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DRY, MICKEY W	4.2 NAME		
STREET ADDRESS	301 N MAIN ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINSTON SALEM NC	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☒ Change ☐ Addition
NAME	HAYWORTH, GEORGE W.	5.2 NAME	TROTTER, THOMAS W.	
STREET ADDRESS	301 N MAIN ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINSTON SALEM NC	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ALPHIN, ROBERT L	6.2 NAME		
STREET ADDRESS	301 N MAIN ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	WINSON-SALEM NC	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret C England January 27, 1995 (910) 770-4745
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

C400032 FN

STATE OF FLORIDA

ANNUAL REPORT

12. V/S Margaret C. England 301 N. Main Street
Winston-Salem, NC 27150