

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 822612 (8)

1. Corporation Name
WACHOVIA MORTGAGE COMPANY

Principal Place of Business 301 N. MAIN STREET PO BOX 3099 NC-32151 WINSTON-SALEM NC 27150-3099 US	Mailing Address 100 N MAIN ST PO BOX 3099 NC-37261 WINSTON-SALEM NC 27102-3099 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/08/1969	3a. Date of Last Report 02/06/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 56-0927968	Applied For Not Applicable
22 P. O. Box 3099, NC-32165	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country	30 Country		

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, W D	1.2 NAME	MCLEAN, JOHN C. JR.
STREET ADDRESS	100 N MAIN ST	1.3 STREET ADDRESS	100 N MAIN STREET
CITY-ST-ZIP	WINSTON-SALEM NC	1.4 CITY-ST-ZIP	WINSTON-SALEM, NC
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, ROBERT S JR	2.2 NAME	
STREET ADDRESS	100 N MAIN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON SALEM NC	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, L.M. JR.	3.2 NAME	
STREET ADDRESS	100 N MAIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON SALEM NC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRY, MICKEY W	4.2 NAME	
STREET ADDRESS	100 N MAIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON SALEM NC	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER, THOMAS W	5.2 NAME	
STREET ADDRESS	301 N MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON SALEM NC	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPHIN, ROBERT L	6.2 NAME	
STREET ADDRESS	100 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 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: _____

2/13/97

Date Daytime Phone #

CR2E034 (9/96)

ANNUAL REPORT

100 N. Main Street
Winston-Salem, NC 27101