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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90135 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 822612

1. Corporation Name
WACHOVIA MORTGAGE COMPANY



Principal Place of Business
 301 N. MAIN STREET
 PO BOX 3099, NC-32165 N/A
 WINSTON-SALEM NC 27150-3099
 US

Mailing Address
 100 N MAIN ST
 PO BOX 3099 NC-37261
 WINSTON-SALEM NC 27150-3099
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
04/08/1969

4. FEI Number
56-0927968

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 owes the current year intangible Personal Property Tax. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLS, BEVERLY B	
STREET ADDRESS	100 N MAIN ST	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCOY, ROBERT S JR	
STREET ADDRESS	100 N MAIN ST	
CITY-ST-ZIP	WINSTON SALEM NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, L.M. JR.	
STREET ADDRESS	100 N MAIN ST	
CITY-ST-ZIP	WINSTON SALEM NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRY, MICKEY W	
STREET ADDRESS	100 N MAIN ST	
CITY-ST-ZIP	WINSTON SALEM NC	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TROTTER, THOMAS W	
STREET ADDRESS	301 N MAIN ST	
CITY-ST-ZIP	WINSTON SALEM NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALPHIN, ROBERT L	
STREET ADDRESS	100 N MAIN ST	
CITY-ST-ZIP	WINSON-SALEM NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Winston-Salem, NC 27101
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Winston-Salem, NC 27101
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Winston-Salem, NC 27101
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Winston-Salem, NC 27101
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Winston-Salem, NC 27101
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Joanna K. Nifong
6.3 STREET ADDRESS	101 N. Main Street
6.4 CITY-ST-ZIP	Winston-Salem, NC 27101

14. 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 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, with all other like empowered.

SIGNATURE: *Sterling A. Spainhour*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sterling A. Spainhour
 (SEE ATTACHMENT)

Date: **3-26-99** Daytime Phone #: **736-732-8137**

CR2E034 (1/98)

Attachment to Document #822612

822612
401127-90135-
38

No. 13 (Additions/Changes to Officers and Directors in 12 continued)

Title: S Change Addition
Name: Sterling A. Spainhour
Street Address: 100 N. Main Street
City-ST-Zip: Winston-Salem, NC 27101