

2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90195 015 ***150.00

DOCUMENT # 822612

1. Entity Name

WACHOVIA MORTGAGE COMPANY ✓

Principal Place of Business

Mailing Address

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

100 N MAIN ST
PO BOX 3099 NC-37261
WINSTON-SALEM NC 27150-0001
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0927968

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00.
After MAY 1, 2000 Fee will be \$390.00.
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		Winston-Salem NC	27101	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Winston-Salem NC	27101	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Winston-Salem NC	27101	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Winston-Salem NC	27101	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Winston-Salem NC	27101	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Winston-Salem NC	27101	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 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

5/1/00

336/732-5139

Date

Daytime Phone #

Sterling A. Spainhour, Secretary

CR2594 (0/00)