

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847117

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: WACHOVIA SBA LENDING, INC.

## Current Principal Place of Business:

C/O CSC  
2711 CENTERVILLE RD  
WILMINGTON, DE 19808 US

## New Principal Place of Business:

## Current Mailing Address:

C/O CORPORATION SERVICE COMPANY  
2711 CENTERVILLE RD., STE. 400  
WILMINGTON, DE 19808

## New Mailing Address:

FEI Number: 22-2293019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: SERRES, DONNA  
Address: 1620 EAST ROSEVILLE PKWY  
City-St-Zip: ROSEVILLE, CA 95661

Title: SEC ( ) Delete  
Name: METZ, MARK  
Address: 301 SOUTH COLLEGE STREET  
City-St-Zip: CHARLOTTE, NC 28288

Title: T ( ) Delete  
Name: LAUGHLIN, WALTER  
Address: 1620 E ROSEVILLE PARKWAY SUITE 100  
City-St-Zip: ROSEVILLE, CA 95661

Title: VP ( ) Delete  
Name: MULLIS, CAROL R  
Address: 301 S COLLEGE ST  
City-St-Zip: CHARLOTTE, NC 28288

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MITCHELL, APRILLE M  
Address: 301 S COLLEGE ST  
City-St-Zip: CHARLOTTE, NC 28288

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRILLE M MITCHELL

VP

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date