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ACCOUNT NO. : 072100000032

REFERENCE: 950449

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: November 1, 2004

ORDER TIME : 10:27 AM

ORDER NO. : 950449-265

CUSTOMER NO: 167868A

CUSTOMER: Ms. Carol R. Mullis

Wachovia Corporation

One Wachovia Center, Nc0630 301 South College Street-30th Charlotte, NC 28288-0630

CHANGE OF AGENT

NAME: SOUTHTRUST BANK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, 617.0502,	. 607.1508, or 617.1508, Florida Statute	s, this statement of
	itted for a corporation organized under the	J	in order
to change its re	gistered office or registered agent, or both,	in the State of Florida.	
1. The name of	the corporation: SOUTHTRUST BANK		
2. The principal	office address: 420 North 20th Street		
Birmingham	, AL 35203		
_	address (if different): c/o A-001-WC-0. am, AL 35209	204, 220 Wildwood Parkway	
4. Date of incor	poration/qualification: June 9, 2000	Document number: F00000003305	
	d street address of the current registered age rtment of State:	ent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		SE P
	Plantation, FL 33324		題見し
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	SERIES BELL
	Corporation Service Company		- 解 55
	1201 Hays Street		-
	(P.O. Box or personal ma	ilbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street ac e identical.	ddress of the business office of its regis	stered agent, as
Such change we the board, or the	as authorized by resolution duly adopted to corporation has been notified in writing		
_ / W. fl	Signature of an officer or director)	Maureen Cullen, Attorney in F (Printed or typed name and	
	the appointment as registered agent and to comply with the provisions of all statut if familiar with and accept the obligation of the registered of writing of this change.	agree to act in this capacity. es relative to the proper and complete of my position as registered agent. Or, fice address, I hereby confirm that the	performance of my if this document is corporation has
Corporation 3	ervice Company	November 1, 2004	
10000	(Signature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Marva Willian		Assistant Vice President	
	(Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *