

2002 UNIFORM BUSINESS REPORT (UBR)

062161 AT

1 of 2

DOCUMENT # F00000006748
1. Entity Name
WACHOVIA COMMUNITY DEVELOPMENT CORPORATION

FILED

02 MAY -1 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**100 N. MAIN STREET
WINSTON-SALEM NC 27101**

Mailing Address
**100 N. MAIN STREET
WINSTON-SALEM NC 27101**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
c/o Wachovia Corporation
Suite, Apt. #, etc.
301 S. College St. (NC0630)
City & State
Charlotte, NC 28288
Zip Country
28288



DO NOT WRITE IN THIS SPACE

4. FEI Number **56-2003909**
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

8. 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 _____ Signature, 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALDWIN, FREDDIE D 100 NORTH MAIN STREET WINSTON-SALEM NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUNTER, T. PARKIN 1426 MAIN STREET, 18TH FLOOR COLUMBIA SC 29226	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPAINHOUR, STERLING A 100 NORTH MAIN STREET WINSTON-SALEM NC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, N. JAY 100 NORTH MAIN STREET WINSTON-SALEM NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RYAN, MICHAEL F 100 NORTH MAIN STREET WINSTON-SALEM NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, STANHOPE A 100 NORTH MAIN STREET WINSTON-SALEM NC	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & AS Carol R. Mullis 301 S. College St. (NC0630) Charlotte, NC 28288	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Freddie D. Baldwin 100 North Main Street Winston-Salem NC 27101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005418872-5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T N. Jay Green 100 North Main Street Winston-Salem NC 27101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Michael F. Ryan 100 North Main Street Winston-Salem NC 27101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stanhope A. Kelly 100 North Main Street Winston-Salem NC 27101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carol R. Mullis **REQUIRED** **Carol R. Mullis** **4/30/02** **(704) 374-4438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

287



ACCOUNT NO. : 072100000032

REFERENCE : 559057 167868A

AUTHORIZATION :

Patricia Pryor

COST LIMIT : \$ 150.00

ORDER DATE : May 1, 2002

ORDER TIME : 2:12 PM

ORDER NO. : 559057-015

CUSTOMER NO: 167868A

CUSTOMER: Ms. T. C. Stiles
Wachovia Corporation
One First Union Center, Nc0630
301 South College Street-30th
Charlotte, NC 28288-0630

RECEIVED
02 MAY - 1 PM 3:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: WACHOVIA COMMUNITY DEVELOPMENT
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar - Ext. 1124

EXAMINER'S INITIALS: _____