

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90278 001 \*\*\*450.00

**DOCUMENT # F00000006991**

1. Entity Name

**WACHOVIA OPERATIONAL SERVICES CORPORATION**

Principal Place of Business

**100 N MAIN ST  
 WINSTON-SALEM NC 27101**

Mailing Address

**100 N MAIN ST  
 WINSTON-SALEM NC 27101**

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

**56-1377900**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 Fee will be \$550.00  
 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 **C** ☐ Delete  
 NAME **BAKER, L.M. JR**  
 STREET ADDRESS **100 N MAIN ST**  
 CITY-ST-ZIP **WINSTON-SALEM NC 27101**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP** ☐ Delete  
 NAME **DAVIS, JEAN E**  
 STREET ADDRESS **100 N MAIN ST**  
 CITY-ST-ZIP **WINSTON-SALEM NC 27101**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **KELLY, STANHOPE A**  
 STREET ADDRESS **100 N MAIN ST**  
 CITY-ST-ZIP **WINSTON-SALEM NC 27101**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☒ Delete  
 NAME **LYNCH, T. STEPHEN**  
 STREET ADDRESS **1426 MAIN ST 18TH FL**  
 CITY-ST-ZIP **COLUMBIA SC 29226**

TITLE ☐ Change ☒ Addition  
 NAME **T. Parkin Hunter**  
 STREET ADDRESS **1426 Main St. 18th Fl**  
 CITY-ST-ZIP **Columbia, SC 29226**

TITLE **T** ☒ Delete  
 NAME **TRUSLOW, DONALD K**  
 STREET ADDRESS **100 N MAIN ST**  
 CITY-ST-ZIP **WINSTON-SALEM NC 27101**

TITLE ☐ Change ☒ Addition  
 NAME **David L. Gaines**  
 STREET ADDRESS **100 North Main Street**  
 CITY-ST-ZIP **Winston-Salem, NC 27101**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: 

**T. Parkin Hunter, Secretary 4/30/2001 (803) 765-4045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003178

1. Entity Name

WACHOVIA INSURANCE SERVICES, INC.

Attachment

Principal Place of Business

101 NORTH CHERRY STREET  
WINSTON-SALEM NC 27102  
US

Mailing Address

101 NORTH CHERRY STREET  
WINSTON-SALEM NC 27102  
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

56-1882208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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) **XX**

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLTON, DAVID L	
STREET ADDRESS	101 NORTH CHERRY STREET	
CITY-ST-ZIP	CLEMMONS NC 27012	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUTLER, DEBORAH S	
STREET ADDRESS	101 NORTH CHERRY STREET	
CITY-ST-ZIP	WINSTON-SALEM NC 27102	
TITLE	S	<b>XX</b> Delete
NAME	TOIVONEN, DENNIS W	
STREET ADDRESS	101 NORTH CHERRY STREET	
CITY-ST-ZIP	WINSTON-SALEM NC 27102	
TITLE	T	<b>XX</b> Delete
NAME	TRUSLOW, DONALD K	
STREET ADDRESS	101 NORTH CHERRY STREET	
CITY-ST-ZIP	WINSTON SALEM NC 27101	
TITLE	D	<b>XX</b> Delete
NAME	BAXTER, LAWRENCE G	
STREET ADDRESS	100 NORTH MAIN STREET	
CITY-ST-ZIP	WINSTON SALEM NC 27101	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KNIEJSKI, ROBERT S	
STREET ADDRESS	100 NORTH MAIN STREET	
CITY-ST-ZIP	WINSTON SALEM NC 27101	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <b>XX</b> Addition
NAME	Cathy L. McLaughlin	
STREET ADDRESS	101 N. Cherry Street	
CITY-ST-ZIP	Winston-Salem, NC 27102	
TITLE	T	<input type="checkbox"/> Change <b>XX</b> Addition
NAME	David L. Gaines	
STREET ADDRESS	100 North Main Street	
CITY-ST-ZIP	Winston-Salem, NC 27101	
TITLE	AS	<input type="checkbox"/> Change <b>XX</b> Addition
NAME	T. Parkin Hunter	
STREET ADDRESS	1426 Main St. 18th Fl	
CITY-ST-ZIP	Columbia, SC 29226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:



T. Parkin Hunter, Assistant Secretary 4/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(803) 765-4045

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006991

1. Entity Name

WACHOVIA OPERATIONAL SERVICES CORPORATION

Principal Place of Business

100 N MAIN ST  
WINSTON-SALEM NC 27101

Mailing Address

100 N MAIN ST  
WINSTON-SALEM NC 27101

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

56-1377900

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)

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FL

Zip Code

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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, 2001 Fee will be \$550.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BAKER, L.M. JR 100 N MAIN ST WINSTON-SALEM NC 27101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, JEAN E 100 N MAIN ST WINSTON-SALEM NC 27101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, STANHOPE A 100 N MAIN ST WINSTON-SALEM NC 27101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, T. STEPHEN 1426 MAIN ST 18TH FL COLUMBIA SC 29226	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRUSLOW, DONALD K 100 N MAIN ST WINSTON-SALEM NC 27101	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S T. Parkin Hunter 1426 Main St. 18th Fl Columbia, SC 29226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T David L. Gaines 100 North Main Street Winston-Salem, NC 27101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: 

T. Parkin Hunter, Secretary 4/30/2001 (803) 765-404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001670

1. Entity Name

WACHOVIA CORPORATE SERVICES, INC.

Attachment

Principal Place of Business

100 NORTH MAIN ST  
WINSTON-SALEM NC 27101  
US

Mailing Address

100 NORTH MAIN ST  
NC 37261  
WINSTON-SALEM NC 27101  
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 56-1514702

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2001 Fee will be \$550.00**  
**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

TITLE	DC	<input type="checkbox"/> Delete
NAME	BAKER, L M JR	
STREET ADDRESS	100 NORTH MAIN ST	
CITY - ST - ZIP	WINSTON-SALEM NC 27101	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DURDEN, HUGH M	
STREET ADDRESS	100 NORTH MAIN ST	
CITY - ST - ZIP	WINSTON-SALEM NC 27101	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	MCCOY, ROBERT S JR	
STREET ADDRESS	100 NORTH MAIN ST	
CITY - ST - ZIP	WINSTON-SALEM NC 27101	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRY, MICKEY W	
STREET ADDRESS	100 S MAIN ST	
CITY - ST - ZIP	WINSTON-SALEM NC 27101	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRENDERGAST, JOSEPH G	
STREET ADDRESS	191 PEACHTREE ST NE	
CITY - ST - ZIP	ATLANTA GA 30303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John C. McLean, Jr.	
STREET ADDRESS	100 North Main St.	
CITY - ST - ZIP	Winston-Salem, NC 27101	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. Parkin Hunter	
STREET ADDRESS	1426 Main St. 18th Floor	
CITY - ST - ZIP	Winston-Salem, NC 27101	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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SIGNATURE:

*T. Parkin Hunter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Parkin Hunter, Secretary 4/30/2001 (803) 765-4045

Date

Daytime Phone #