

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005088

FILED
Apr 25, 2008
Secretary of State

Entity Name: WACHOVIA INSURANCE SERVICES BROKER DEALER, INC.

Current Principal Place of Business:

227 WEST TRADE STREET, SUITE 1550
CHARLOTTE, NC 282021647

New Principal Place of Business:

Current Mailing Address:

C/O CSC
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

New Mailing Address:

FEI Number: 56-1839855 **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 323012525 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: PD () Delete
Name: GODFREY, KENNETH W
Address: 227 WEST TRADE STREET, SUITE 1550
City-St-Zip: CHARLOTTE, NC 282021647

Title: S () Delete
Name: VOIGHT, CHRISANNA B
Address: 227 WEST TRADE STREET, SUITE 1550
City-St-Zip: CHARLOTTE, NC 282021647

Title: D () Delete
Name: MCDOWELL, STEWART W JR
Address: 227 WEST TRADE STREET, SUITE 1550
City-St-Zip: CHARLOTTE, NC 282021647

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CURLEY, JONATHAN
Address: 227 WEST TRADE STREET, SUITE 1550
City-St-Zip: CHARLOTTE, NC 282021647

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

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

Title: D () Change (X) Addition
Name: DOSS, ANNE J
Address: 227 W. TRADE ST
City-St-Zip: CHARLOTTE, NC 28202

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: CHRISANNA B VOIGHT

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04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date