2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001320

Entity Name: WACHOVIA DEALER SERVICES, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
23 PASTEU ATTN LEGA IRVINE, CA	AL DEPT					
Current Mailing Address:			New Mailir	New Mailing Address:		
	ERVILLE RD ON, DE 19808					
FEI Number:	33-0291646	FEI Number Applied For ()	El Number Not Appli	cable () Certifi	cate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Re	egistered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above in the State	named entity su of Florida.	ubmits this statement for the purp	ose of changing it	s registered office or	registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agent			Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () E MITCHELL, APRI 301 S. COLLEGE CHARLOTTE, NO	E ST	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	SEC () DU BOSE, GUY 23 PASTEUR RO IRVINE, CA 926		Title: Name: Address: City-St-Zip:	DSEC (X) Change DU BOSE, GUY 23 PASTEUR ROAD IRVINE, CA 92618	e () Addition	
Title: Name: Address: City-St-Zip:	D (X) I WURTZ, THOMA 301 S. COLLEGE CHARLOTTE, NO	E ST	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name: Address: City-St-Zip:	PD ()E WOLFE, THOMA 23 PASTEUR RO IRVINE, CA 926	AD	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	D () C CARLOS, EVANS 301 S. COLLEGE CHARLOTTE, NO	EST.	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	T () Change PALMER, J. KEITH 23 PASTEUR IRVINE, CA 92618	(X) Addition	

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 04/28/2009