## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000003118

Entity Name: WACHOVIA EDUCATION FINANCE INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	FERVILLE RC ON, DE 1980						
Current Mailing Address:			New Mailing Address:				
	FERVILLE RC ON, DE 1980						
FEI Number:	22-3400682	FEI Number Applied For ( )	FEI Nui	mber Not Appl	icable ( )	Certificate o	f Status Desired ( )
Name and	Address of (	Current Registered Agent:		Name and	Address of	New Registe	ered Agent:
1201 HAYS SUITE 105 TALLAHAS	SSTREET SSEE, FL 323	CE COMPANY 01 US submits this statement for th	o purposo o	of changing i	te registered	office or regis	stored agent or both
in the State		submits this statement for th	e purpose c	or changing i	is registered	office of regis	stered agent, or both,
SIGNATURE:							
	Electro	nic Signature of Registered /	Agent			Dat	e
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DIR ( MC GEE, ROB 401 S. TRYON CHARLOTTE, I	STREET		Title: Name: Address: City-St-Zip:		()Change ()A	ddition
Title: Name: Address: City-St-Zip:	GROSE, DORI 11000 WHITE			Title: Name: Address: City-St-Zip:	SPARKS, TE 11000 WHITI	(X) Change()A D E ROCK ROAD RDOVA, CA 956	
Title: Name: Address: City-St-Zip:	MULLIS, CARO	BE STREET, NCO630		Title: Name: Address: City-St-Zip:	MITCHELL, A	EGE STREET, NO	
Title: Name: Address: City-St-Zip:	LEVANDOWS 11000 WHITE			Title: Name: Address: City-St-Zip:	1	()Change ()A	ddition
Title: Name: Address: City-St-Zip:	RAMIREZ, RIC 11000 WHITE			Title: Name: Address: City-St-Zip:	,	()Change ()A	ddition
Title: Name: Address: City-St-Zip:	GROSE, DORI 11000 WHITE			Title: Name: Address: City-St-Zip:	SPARKS, TE 11000 WHITI	(X) Change ()A D E ROCK ROAD RDOVA, CA 956	

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 04/28/2008