

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006042

FILED
Apr 23, 2009
Secretary of State

Entity Name: WACHOVIA MULTIFAMILY CAPITAL, INC.

Current Principal Place of Business:

301 S. COLLEGE ST
NC 0630
CHARLOTTE, NC 28288

New Principal Place of Business:

Current Mailing Address:

C/O CSC
2711 CENTERVILLE RD
WILMINGTON, DE 19808

New Mailing Address:

FEI Number: 51-0352032 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: SMITH, MICHAEL B
Address: 301 SOUTH COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: S () Delete
Name: DANELLO, TIMOTHY F
Address: 301 S. COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: VP () Delete
Name: MITCHELL, APRILLE M
Address: 301 S. COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: ALTAMURA, VINCENT
Address: 301 S. COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

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

Title: D () Change (X) Addition
Name: WEINER, ALAN
Address: 375 PARK AVENUE
City-St-Zip: NEW YORK, NY 10152

Title: D () Change (X) Addition
Name: HABIGHORST, III, ARTHUR A
Address: 375 PARK AVENUE
City-St-Zip: NEW YORK, NY 10152

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

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date