

2002 UNIFORM BUSINESS REPORT (UBR)

062160 AT

1 of 2

FILED

02 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000001670

1. Entity Name
WACHOVIA CORPORATE SERVICES, INC.

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

c/o Wachovia Corporation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301 S. College St. (NC0630)

City & State

City & State
Charlotte NC

4. FEI Number

56-1514702

Applied For

Not Applicable

Zip

Country

Zip

Country

28288

US

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, 2002 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 DC ☐ Delete
NAME BAKER, L M JR
STREET ADDRESS 100 NORTH MAIN ST
CITY-ST-ZIP WINSTON-SALEM NC 27101

TITLE VP & AS. ☐ Change ☒ Addition
NAME Carol R. Mullis
STREET ADDRESS 301 S. College St. (NC0630)
CITY-ST-ZIP Charlotte, NC 28288

TITLE D ☒ Delete
NAME MCLEAN, JR., JOHN C
STREET ADDRESS 100 NORTH MAIN ST
CITY-ST-ZIP WINSTON-SALEM NC 27101

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

TITLE DCFO ☒ Delete
NAME MCCOY, ROBERT S JR
STREET ADDRESS 100 NORTH MAIN ST
CITY-ST-ZIP WINSTON-SALEM NC 27101

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

TITLE S ☒ Delete
NAME HUNTER, T PARKIN
STREET ADDRESS 1426 MAIN ST, 18TH FLOOR
CITY-ST-ZIP WINSTON-SALEM NC 27101

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol R. Mullis

4/30/02

(704) 374-4438

Date

Daytime Phone #

CR2E034 (9/01)

282



ACCOUNT NO. : 072100000032
REFERENCE : 559057 167868A
AUTHORIZATION : *Patricia Poynt*
COST LIMIT : \$ 150.00

ORDER DATE : May 1, 2002
ORDER TIME : 2:13 PM
ORDER NO. : 559057-020
CUSTOMER NO: 167868A

CUSTOMER: Ms. T. C. Stiles
Wachovia Corporation
One First Union Center, Nc0630
301 South College Street-30th
Charlotte, NC 28288-0630

RECEIVED
02 MAY - 1 PM 3:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: WACHOVIA CORPORATE SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar - Ext. 1124

EXAMINER'S INITIALS: _____