

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 23, 1999 8:00 am**  
**Secretary of State**

09-23-1999 90009 010 \*\*\*550.00

**DOCUMENT # F98000003708**

1. Corporation Name

**WACHOVIA INVESTMENTS, INC.**

Principal Place of Business

**100 NORTH MAIN STREET, NC 37061  
WINSTON-SALEM NC 27150**

Mailing Address

**100 NORTH MAIN STREET, NC 37061  
WINSTON-SALEM NC 27150**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/29/1998**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

4. FEI Number

**56-1494199**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year

Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HARPER, MARY S  
180 ROYAL PALM WAY  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **KNIEJSKI, ROBERT STEVEN**

STREET ADDRESS **100 NORTH MAIN STREET, NC 37061**

CITY-STATE-ZIP **WINSTON-SALEM NC 27150**

TITLE **D** ☐ DELETE

NAME **TRUSLOW, DONALD K**

STREET ADDRESS **100 NORTH MAIN STREET, NC 37061**

CITY-STATE-ZIP **WINSTON-SALEM NC 27150**

TITLE **D** ☐ DELETE

NAME **PRENDERGAST, G. JOSEPH III**

STREET ADDRESS **191 PEACHTREE STREET**

CITY-STATE-ZIP **ATLANTA, GA 30305**

TITLE **D** ☐ DELETE

NAME **MCCOY, ROBERT S JR.**

STREET ADDRESS **100 NORTH MAIN STREET, NC 37061**

CITY-STATE-ZIP **WINSTON-SALEM NC 27150**

TITLE **SVP** ☒ DELETE

NAME **CHILDERS, FORREST C**

STREET ADDRESS **100 NORTH MAIN STREET, NC 37061**

CITY-STATE-ZIP **WINSTON-SALEM NC 27150**

TITLE **SVP** ☒ DELETE

NAME **SARTIN, ELLEN S**

STREET ADDRESS **100 NORTH MAIN STREET, NC 37061**

CITY-STATE-ZIP **WINSTON-SALEM NC 27150**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SVP** ☐ Change ☒ Addition

1.2 NAME **Paul C. Richards**

1.3 STREET ADDRESS **401 Linden Street**

1.4 CITY-STATE-ZIP **Winston-Salem, NC 27101**

2.1 TITLE **S** ☐ Change ☒ Addition

2.2 NAME **William N. Stoyko**

2.3 STREET ADDRESS **1021 E. Cary Street**

2.4 CITY-STATE-ZIP **Richmond, VA 23219**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William N. Stoyko **William N. Stoyko** 9-15-99 (804) 697-7145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0117420