



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90041 039 ***150.00

DOCUMENT # F99000001716					
1. Entity Name WACHOVIA DEVELOPMENT CORPORATION					
Principal Place of Business ONE WACHOVIA CENTER CHARLOTTE, NC 28288			Mailing Address TWO WACHOVIA CENTER NC0200, ATTN: J. CAMP CHARLOTTE, NC 28288		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Charlotte, NC		City & State Charlotte, NC		01062004 Chg-P CR2E034 (10/03)	
Zip 28244-0200		Country US		4. FEI Number 56-1610288	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, BENJAMIN F ONE WACHOVIA CENTER CHARLOTTE, NC 28288 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERBERT A WARE 201 S College St Charlotte, NC 28244-0200 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOINS, HERMAN T TWO WACHOVIA CENTER CHARLOTTE, NC 28288 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANELLO, TIMOTHY F ONE WACHOVIA CENTER CHARLOTTE, NC 28288 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANELLO, TIMOTHY F ONE WACHOVIA CENTER CHARLOTTE, NC 28288 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTGES, ROBERT F TWO WACHOVIA CENTER CHARLOTTE, NC 28288 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTGES, ROBERT F TWO WACHOVIA CENTER CHARLOTTE, NC 28288 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSEN, DAVID L ONE WACHOVIA CENTER CHARLOTTE, NC 28288 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSEN, DAVID L ONE WACHOVIA CENTER CHARLOTTE, NC 28288 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSEN, DAVID L ONE WACHOVIA CENTER CHARLOTTE, NC 28288 <input checked="" type="checkbox"/> Delete	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Herbert A. Ware</i> 01/08/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					