

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001716

FILED
Apr 28, 2008
Secretary of State

Entity Name: WACHOVIA DEVELOPMENT CORPORATION

Current Principal Place of Business:

ONE WACHOVIA CENTER
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: 56-1610288 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
SUITE 105
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: WICKWIRE, THOMAS
Address: ONE WACHOVIA CENTER
City-St-Zip: CHARLOTTE, NC 28288

Title: VP () Delete
Name: MULLIS, CAROL R
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

Title: S () Delete
Name: DANELLO, TIMOTHY F
Address: ONE WACHOVIA CENTER
City-St-Zip: CHARLOTTE, NC 28288

Title: D () Delete
Name: BERTGES, ROBERT F
Address: TWO WACHOVIA CENTER
City-St-Zip: CHARLOTTE, NC 28288

Title: D (X) Delete
Name: GREEN, WILLIAM C
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MITCHELL, APRILLE M
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

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

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

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

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

Electronic Signature of Signing Officer or Director

_____ Date