2002 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002224 1. Entity Name FILED Wachovia Operational Services, LLC 02 MAY -1 PM 4: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1301 South College Street 301 SouthyCollegeoStreet Suite, Apt. #, etc. TW 31 (NC0630) DO NOT WRITE IN THIS SPACE TW31 (NC0630) 4. FEI Number Applied For City & State City & State 56-2263709 Not Applicable Charlotte, NC Charlotte NC Country Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 28288 28288 US US 7. Name and Address of Current Registered Agent Corporation Service Company DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street IN THIS SPACE Tallahassee 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. FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. TITLE TITLE Sole Member-Manager NAME NAME Wachovia Bank, National Associatio STREET ADDRÉSS STREET ADDRESS 301 S. College St. (NC0630) CITY-ST-ZIP CITY-ST-ZIP Charlotte, NC 28288 TITLE TITLE 200005418842---8 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY, ST. 7IP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

.- Sole Member-Manager

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michael A. Watkins, SVP

(704) 715-2403

Daytime Phone #