07221999-90019-044-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 22, 1999 8:00 am
Secretary of State
07-22-1999 90019 044 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P05949

1. Corporation Name
WACHOVIA SECURITIES, INC.

Principal Place of Business	Mailing Address
1100 INTERSTATE TOWER P.O. BOX 1012 CHARLOTTE NC 28201-8012	1100 INTERSTATE TOWER P.O. BOX 1012 CHARLOTTE NC 28201-8012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1985

4. FEI Number: 56-0276690 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 201 North Tryon Street	26 P.O. Box 1012
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Charlotte, NC	City & State 28 Charlotte, NC
Zip 24 28202 Country 25 USA	Zip 29 28201 Country 30 USA

9. Name and Address of Current Registered Agent

CONNOR, TERENCE G
5300 SOUTHEAST FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI, FL 33131-9339

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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: JENNIFER F AULTMAN ASSISTANT SECRETARY DATE: 8-4-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WILSON, JENNIE M		1.2 NAME	Jennie M. Raine
STREET ADDRESS	1100 INTERSTATE TOWER		1.3 STREET ADDRESS	201 North Tryon Street - P.O. Box 1012
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP	Charlotte, NC 28201
TITLE	CFO	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LEWIS, SEMONES J		2.2 NAME	
STREET ADDRESS	1100 INTERSTATE TOWER		2.3 STREET ADDRESS	201 North Tryon Street - P.O. Box 1012
CITY-ST-ZIP	CHARLOTTE NC 28201		2.4 CITY-ST-ZIP	Charlotte, NC 28201
TITLE	PD	☐ DELETE	3.1 TITLE	CEO ☒ Change ☐ Addition
NAME	MORGAN, JAMES H		3.2 NAME	
STREET ADDRESS	1100 INTERSTATE TOWER		3.3 STREET ADDRESS	201 North Tryon Street - P.O. Box 1012
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP	Charlotte, NC 28201
TITLE	VD	☐ DELETE	4.1 TITLE	COO ☒ Change ☐ Addition
NAME	RUFF, EDWARD C		4.2 NAME	
STREET ADDRESS	1000 INTERSTATE TOWER		4.3 STREET ADDRESS	201 North Tryon Street - P.O. Box 1012
CITY-ST-ZIP	CHARLOTTE NC		4.4 CITY-ST-ZIP	Charlotte, NC 28201
TITLE	VSD	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	HEARN, MICHAEL D		5.2 NAME	
STREET ADDRESS	1100 INTERSTATE TOWER		5.3 STREET ADDRESS	201 North Tryon Street
CITY-ST-ZIP	CHARLOTTE NC		5.4 CITY-ST-ZIP	Charlotte, NC 28201
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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: Jennie M. Raine 07/14/99 704/379-9297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #