

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90116 013 ***150.00

DOCUMENT # P05949

1. Entity Name

WACHOVIA SECURITIES, INC.

Principal Place of Business

**201 NORTH TRYON STREET
CHARLOTTE NC 28202
US**

Mailing Address

**P O BOX 1012
CHARLOTTE NC 28201-8012
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-0276690**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Delete
NAME	RAINE, JENNIE M.	
STREET ADDRESS	201 NORTH TRYON STREET - P O BOX 1012	
CITY-ST-ZIP	CHARLOTTE NC 28201	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa J. Hankins	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	LEWIS, SEMONES J	
STREET ADDRESS	201 NORTH TRYON STREET- P O BOX 1012	
CITY-ST-ZIP	CHARLOTTE NC 28201	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORGAN, JAMES H.	
STREET ADDRESS	201 NORTH TRYON STREET- P O BOX 1012	
CITY-ST-ZIP	CHARLOTTE NC 28201	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwin A. Dalrymple, Jr.	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	HEARN, MICHAEL D	
STREET ADDRESS	201 NORTH TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC 28201	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melissa J. Hankins***Melissa J. Hankins**

01/17/01

Date

704/379-9299

Daytime Phone #

CR2E034 (10/00)