

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0043614 AV

DOCUMENT # P28329

1. Entity Name
WACHOVIA SECURITIES, INC.



FILED

03 JAN 30 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
301 S. COLLEGE ST
CHARLOTTE NC 28288-0630
US

Mailing Address
1201 HAYS STREET
TALLAHASSEE FL 32301
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 34-1542819

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	T MAXWELL, ALAN L JR 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ILARIO, SCOTT L 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWERS, JAMES F 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, STEPHEN E 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMPTFUHRER, BARNES W 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLHAGEN, STEVEN W 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carol R. Millis 301 South College Street Charlotte, NC 28288-0630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500011409335	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director W. Barnes Hauptfuhrer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Daniel J. Ludeman 301 South College Street Charlotte, NC 28288-0630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Carol R. Millis* Vice President

1/29/2003

(704) 374-6612

Date

Daytime Phone #

CR2E034 (10/02)

2012



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 913200 167868A

AUTHORIZATION

Patricia Pizant

COST LIMIT : \$ 150.00

ORDER DATE : January 30, 2003

ORDER TIME : 12:22 PM

ORDER NO. : 913200-015

CUSTOMER NO: 167868A

CUSTOMER: Ms. Mindi O'hayre
Wachovia Corporation
One First Union Center, Nc0630
301 South College Street-30th
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: WACHOVIA SECURITIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - Ext. 1147

EXAMINER'S INITIALS: _____

RECEIVED
03 JAN 30 PM 1:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA