## 2003 FOR PROFIT CORPORATION

200 UNI	03 FOR PROFI FORM BUSINE	T CORPORA	TION (UBR)			in the	10f2	<b>)</b> .		
DOCUMENT # P28329										
1. Entity Name WACHOVIA SECURITIES, INC.						FIL.	.ED			
WAOI IOW	( 0200111120, 1110		Too ME			08 KAL 80	PM 4: 10			
Principal Place of Business 301 S. COLLEGE ST CHARLOTTE NC 28288-0630 US		Mailing Address 1201 HAYS STREET TALLAHASSEE FL 32301 US				SECRETAR) TALLAHASS	Y OF STATE EE, FI ORIO#			
2. Principal Pla	ice of Business	3. Mailing Address					il Aleli Billi eldli Albii i	11811 61611 1451		
Suite Apt #	, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI N	34-1542819	N	oplied For ot Applicable		
Zip	Country	Zip	Country	try		modela or oracion a company	S8.75 Ad Fee Require			
6. Name and Address of Current Registered Agent			Nama	7. Name and Address of New Registered Agent						
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301			City	City Zip Code						
9. The above	named entity submits this statement fo	or the purpose of changing its n	egistered office or re	egister-	red agent,	or both, in the State of Florida	a. I am familiar with	, and accept		
the obligation	ons of registered agent.		•							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	e required	d when reinsta	iting)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Election Campaign Financ Trust Fund Contribution.	. 🗋 Adde	<b>00</b> May Be ed to Fees		
10.	OFFICERS AND	DIRECTORS	11.			IONS/CHANGES TO OFFICE	RS AND DIRECTO	5.2.		
NAME STREET ADDRESS	T MAXWELL, ALAN L JR 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	∑ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Car 301	ce Pres rol R. 1 South	nident Millis n College Street e, NC. 28288-0639	Change			
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD ILARIO, SCOTT L 301 S. COLLEGE ST	☐ Delete	TITLE NAME STREET ADDRESS	Ur	<u>al II, il ie</u>	<del>,</del>	☐ Change	Addition		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	CHARLOTTE NC 28288-0630 S POWERS, JAMES F 301 S. COLLEGE ST	☐ Delete	TITLE NAME STREET ADDRESS			5000114	Change	Addition		
CITY-ST-ZIP	CHARLOTTE NC 28288-0630	☐ Delete	City-St-ZIP			<u></u>	☐ Change	: Addition		
NAME STREET ADDRESS CITY-ST-ZIP	D   Cummings, Stephen E   301 S. College St   Charlotte NC 28288-0630	_ Delete	NAME STREET ADDRESS CITY-ST-ZIP					*		
TITLE NAME STREET ADDRESS	D HAMPTFUHRER, BARNES W 301 S. COLLEGE ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		rector Barnes	s Hauptfuhrer	<b>X</b> Change	e 🗌 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLOTTE NC 28288-0630  D KOLHAGEN, STEVEN W 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dan 30:	1 South	. Ludeman n College Street e, NC 28288-0630	☐ Chang	e Addition		
	certify that the information supplied wi	th this filing does not qualify for	r the exemption stat	ed in S	Section 11	9.07(3)(i), Florida Statutes. I f	urther certify that th	e information		

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Fiorida 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 of the risk empowered. moleR.Mullis, Vice President

**SIGNATURE:** 

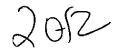
1/29/2003

Date

(704) <u>374-6612</u>

Daytime Phone #







ACCOUNT NO. : 072100000032

REFERENCE

913200

167868A

AUTHORIZATION

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	30 PN
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	で発生し
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	2 ONS

CONTACT PERSON: Norma Parramore - Ext. 1147

EXAMINER'S INITIALS: