FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:20

DOCUMENT # **P30709** **(0)**

1. Corporation Name
WACHOVIA AUTO LEASING COMPANY OF GEORGIA

Principal Place of Business	Mailing Address
191 PEACHTREE STREET, NE P. O. BOX 4148 ATLANTA GA 30303	191 PEACHTREE STREET, NE MAIL CODE GA-715 ATLANTA GA 30303 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/24/1990	3a. Date of Last Report: 02/10/1994
4. FEI Number: 58-1762248	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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 _____ DATE
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	PRENDERGAST, G. JOSEPH	12 NAME		
STREET ADDRESS	191 PEACHTREE ST., NE	13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	LOVE, ANDREW A.	22 NAME		
STREET ADDRESS	191 PEACHTREE ST., NE	23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	RAY, MICHAEL E.	32 NAME		
STREET ADDRESS	191 PEACHTREE STREET, NE	33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☒ Change ☐ Addition
NAME	MARTIN, MICHAEL R	42 NAME	Michael F. Martin	
STREET ADDRESS	191 PEACHTREE STR NE	43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BOLAND, THOMAS E.	52 NAME	D. Gary Thompson	
STREET ADDRESS	191 PEACHTREE STREET, NE	53 STREET ADDRESS	191 Peachtree Street, N.E.	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	Atlanta, GA 30303	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 1-10-95 (404) 332-6661
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael E. Ray, Secretary

0300000 FP