


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

00104

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90054 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---

**DOCUMENT # P30709**

1. Corporation Name  
**WACHOVIA AUTO LEASING COMPANY**

Principal Place of Business 191 PEACHTREE STREET, NE P. O. BOX 4148 ATLANTA GA 30303	Mailing Address 100 NORTH MAIN STREET NC-37261 WINSTON-SALEM NC 27101 US
---	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/24/1990**

2. Principal Place of Business 21 1451 Thomas Langston Road Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. Box 1966 Suite, Apt. #, etc.
---	---

4. FEI Number <b>58-1762248</b>	Applied For Not Applicable
------------------------------------	-------------------------------

22 City & State 23 Winterville, N.C. Zip Country 24 28590 25 USA	27 City & State 28 Greenville, N.C. Zip Country 29 27835 30 USA
---	--

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 Tax. ☐ Yes ☒ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRENDERGAST, G. JOSEPH	
STREET ADDRESS	191 PEACHTREE ST., NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAGGETT, WILLIAM C.	
STREET ADDRESS	100 N. MAIN STREET	
CITY-ST-ZIP	WINSTON-SALEM NC 27101	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUNER, T. PARKER	
STREET ADDRESS	101 MAIN STREET	
CITY-ST-ZIP	COLUMBIA SC 29226	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL F.	
STREET ADDRESS	191 PEACHTREE STR NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, D. GARY	
STREET ADDRESS	191 PEACHTREE STREET, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERNELL, ARNOLD D.	
STREET ADDRESS	191 PEACHTREE STREET N.E.	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert E. Earnhardt	
1.3 STREET ADDRESS	1451 Thomas Langston Road	
1.4 CITY-ST-ZIP	Winterville, N.C. 28590	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hunter, T. Parkin	
3.3 STREET ADDRESS	1401 Main Street	
3.4 CITY-ST-ZIP	Columbia, SC 29226-9003	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **March 17, 1999** (803) 799-0362  
Daytime Phone #

CR2E034 (11/98)