

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P30709

1. Entity Name

Wachovia Auto Leasing Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1451 Thomas Langston Road

Suite, Apt. #, etc.

3. Mailing Address

c/o Wachovia Corporation

Suite, Apt. #, etc.

301 S. College St. (NC0630)

City & State

Winterville NC

City & State

Charlotte, NC

Zip

28590

Country

US

Zip

28288

Country

US

4. FEI Number

58-1762248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1200 Hays Street

City

Tallahassee

FL

Zip Code

32301

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. D. Gary Thompson 191 Peachtree Street, NE Atlanta, GA 30303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP (addition) Robert E. Earnhardt 1451 Thomas Langston Road Winterville NC 28590	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400005418874--9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP (addition) C. Alan Hill 1451 Thomas Langston Road Winterville NC 28590	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS (deletion) T. Stephen Lynch	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S (deletion) T. Parkin Hunter	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP (addition) Michael A. Watkins 301 S. College St. (NC0630) Charlotte, NC 28288	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Watkins Michael A. Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002

Date

(704) 715-2403

Daytime Phone #

CR2E034B (12/01)



2cel 2

ACCOUNT. NO. : 072100000032

REFERENCE : 559057 167868A

AUTHORIZATION :

Patricia Pizjuts

COST LIMIT : \$ 150.00

ORDER DATE : May 1, 2002

ORDER TIME : 2:11 PM

ORDER NO. : 559057-010

CUSTOMER NO: 167868A

CUSTOMER: Ms. T. C. Stiles
Wachovia Corporation
One First Union Center, Nc0630
301 South College Street-30th
Charlotte, NC 28288-0630

RECEIVED
02 MAY - 1 PM 3:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: WACHOVIA AUTO LEASING COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar - Ext. 1124

EXAMINER'S INITIALS: _____