2003 FOR PROFIT CORPORATION

UNI	FORM BUSINES	S REPOR	<u>T (U</u>	BR)		FILED		
DOCUMENT # P30709 1. Entity Name WACHOVIA AUTO LEASING COMPANY						03 FEB -6 AM 8:41		
						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 1451 THOMAS LANGSTON ROAD WINTERVILLE NC 28590		Mailing Address C/O WACHOVIA CORPORATION 301 S. COLLEGE ST. (NC0630) CHARLOTTE NC 28288 US			LORIDA.			
2. Principal Pla	ace of Business	3. Mailing Address Corporation Service Company						
Suite, Apt. #	, etc.	Suite, Apt. #, etc. 2711 Centerville Rd., Suite 400				☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State				FEI Number 58-1762248	Applied For Not Applicable	
Zip	Country	Wilmington, DE Zip	Country	у	- 5	Certificate of Status Desired	\$8.75 Additional	
ΖΙρ		19808	USA			Name and Address of New Registered	Fee Required	
	6. Name and Address of Current Re	gistered Agent		Name		Name and Address of New Registered	Aguin	
CORPORATION SERVICE COMPANY								
1200 HAYS STREET			ļ	Street Add	ddress (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301			1		-	~		
IALLAINO	OLL 1 L OLDGI			City		F	Zip Code	
		he average of changing its	e registerer	d office or r	egistered :	agent, or both, in the State of Florida. I an	n familiar with, and accept	
8. The above the obligation	named entity submits this statement for t lons of registered agent.	ne purpose or changing in	s registered	a 011100 01 1	og.o.c.			
J	•							
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NO	TE: Registered	Agent signatur	e required whe	n reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of \$	State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
	OFFICERS AND D		11.	-		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 11	
TITLE	P OFFICERS AND D	▼ Delete	TITLE	<u> </u>		Vice President	☐ Change 🕅 Addition	
NAME	THOMPSON, D. GARY	21	NAME			k J. Shevlin		
STREET ADDRESS	191 PEACHTREE STREET, N.E.			ET ADDRESS ST-ZIP	301 So	uth Tryon Street		
CITY-ST-ZIP	ATLANTA GA 30303		TITLE		_Charl	otte, NC 28288-0200	☐ Change 🔀 Addition	
TITLE	SVP Earnhardt, Robert e	2 🔀 Delete	NAME	1	Vice i	President and Tax Officer rt A. Ware		
NAME STREET ADDRESS	1451 THOMAS LANGSTON ROAD		STREE	ET ADDRESS		uth Tryon Street		
CITY-ST-ZIP	WINTERVILLE NC 28590	<u></u>	CITY-	-ST-ZIP	Charl	otte, NC 28288-0200		
TITLE	SVP	Delete	TITLE		Secre	•	Change X Addition	
NAME	HILL, C. ALAN		NAME			kin Hunter	00000 0600	
STREET ADDRESS CITY-ST-ZIP	1451 THOMAS LANGSTON ROAD WINTERVILLE NC 28590			-ST-ZIP	301 Sou	th College Street, Charlott	e, NC 28288-0630	
	SVP	☐ Delete	TITLE				Change Addition	
TITLE NAME	WATKINS, MICHAEL A		NAM	E		20001191	7492	
STREET ADDRESS	301 S. COLLEGE ST. (NC0630)			ET ADDRESS		<u> </u>		
CITY-ST-ZIP	CHARLOTTE NC 28288			-ST-ZIP	* ***	D	☐ Change ★ Addition	
TITLE	Ì	☐ Delete	TITLE NAM			: President . R. Mullis		
NAME	1			et address		outh College Street		
STREET ADDRESS				-ST-ZIP		otte NC 28288-0630		

CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Delete

☐ Change

Addition