


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90041 037 ***150.00

DOCUMENT # P33720 1. Entity Name WACHOVIA SERVICES, INC.					
Principal Place of Business ONE WACHOVIA CENTER CHARLOTTE, NC 28288			Mailing Address TWO WACHOVIA CENTER NC0220 J. CAMP CHARLOTTE, NC 28288-0200 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 201 S College St NC-0220 Att: Jenny Fullwood City & State Charlotte, NC Zip 28244-0200			
City & State		Country US		4. FEI Number 56-1459596	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET STE.105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DON R ONE WACHOVIA CENTER CHARLOTTE, NC 28288		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERBERT A WALE 201 S College St Charlotte, NC 28244-0200	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOINS, HERMAN TWO WACHOVIA CENTER CHARLOTTE, NC 28288		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, ROBERT L ONE WACHOVIA CENTER CHARLOTTE, NC 28288		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, MICHAEL A ONE WACHOVIA CENTER CHARLOTTE, NC 28288		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
SIGNATURE: <u>Herbert A. Wale</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>01/12/04</u> <small>Date</small>		