

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817306

FILED
May 10, 2007
Secretary of State

Entity Name: WACHOVIA MORTGAGE CORPORATION

Current Principal Place of Business:

C/O CSC
2711 CENTERVILLE RD
WILMINGTON, DE 19808

New Principal Place of Business:

Current Mailing Address:

C/O CSC
2711 CENTERVILLE RD
WILMINGTON, DE 19808

New Mailing Address:

FEI Number: 56-0811711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
STE. 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIES, CHRISTOPHER D
Address: 401 S. TRYON ST.
City-St-Zip: CHARLOTTE, NC 282881089

Title: SEC () Delete
Name: DUBIE, CAROL A
Address: 123 S. BROAD ST.
City-St-Zip: PHILADELPHIA, PA 19109

Title: TR () Delete
Name: CRAIG, DEBBIE
Address: 401 S. TRYON
City-St-Zip: CHARLOTTE, NC 282880014

Title: VP () Delete
Name: MULLIS, CAROL R
Address: 301 S. COLLEGE ST.
City-St-Zip: CHARLOTTE, NC 28288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: WILSON, TIM W
Address: 1901 HARRISON ST
City-St-Zip: OAKLAND, CA 94612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR/D (X) Change () Addition
Name: FULLER, BRUCE A
Address: 1901 HARRISON ST
City-St-Zip: OAKLAND, CA 94612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL R MULLIS

VP

05/10/2007

Electronic Signature of Signing Officer or Director

_____ Date