2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000001411

1. Entity Name
CAPITALSOUTH BANK

Principal Place of Business	Mailing Address
2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM, AL 35209	2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM, AL 35209

DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
63-0698178
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PUCKETT, W. DAN
STREET ADDRESS	2340 WOODCREST PLACE, SUITE 200
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	S
NAME	MARSH, CAROL W
STREET ADDRESS	2340 WOODCREST PLACE, SUITE 200
CITY-ST-ZIP	BURMINGHAM, AL 35209
TITLE	D
NAME	GRAVES, STANLEY L
STREET ADDRESS	2700 CORPORATE DRIVE, SUITE 120
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	D
NAME	WOOD, DAVE W II
STREET ADDRESS	P.O. BOX 610130
CITY-ST-ZIP	BIRMINGHAM, AL 35210
TITLE	D
NAME	DUNN, H. BRADFORD
STREET ADDRESS	P.O. BOX 100759
CITY-ST-ZIP	BIRMINGHAM, AL 35210
TITLE	D
NAME	MCPHERSON, CHARLES K
STREET ADDRESS	2340 WOODCREST PLACE, SUITE 200
CITY-ST-ZIP	BIRMINGHAM, AL 35209

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03/08/06-80017-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Edison K. Wadie III 2/15/06 (25) 803-5862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #