2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# F03000001411

Entity Name: CAPITALSOUTH BANK

Current Principal Place of Business:

2340 WOODCREST PLACE, SUITE 200
BIRMINGHAM, AL 35209

New Principal Place of Business:

Current Mailing Address:

2340 WOODCREST PLACE, SUITE 200
BIRMINGHAM, AL 35209

New Mailing Address:

FEI Number: 63-0698178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PUCKETT, W. DAN	
Address:	2340 WOODCREST PLACE, SUITE 200	
City-St-Zip:	BIRMINGHAM, AL 35209	
Title:	S	( ) Delete
Name:	MARSH, CAROL W	
Address:	2340 WOODCREST PLACE, SUITE 200	
City-St-Zip:	BURMINGHAM, AL 35209	
Title:	D	( ) Delete
Name:	GRAVES, STANLEY L	
Address:	2700 CORPORATE DRIVE, SUITE 120	
City-St-Zip:	BIRMINGHAM, AL 35242	
Title:	D	( ) Delete
Name:	WOOD, DAVE W II	
Address:	P.O. BOX 610130	
City-St-Zip:	BIRMINGHAM, AL 35210	
Title:	D	( ) Delete
Name:	DUNN, HAROLD B.	
Address:	P.O. BOX 100759	
City-St-Zip:	BIRMINGHAM, AL 35210	
Title:	D	( ) Delete
Name:	MCPHERSON, CHARLES K	
Address:	5150 CARDINAL STREET	
City-St-Zip:	TRUSSVILLE, AL 35173	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GRAVES, STANLEY L	
Address:	6930 CAHABA VALLEY ROAD, SUITE 200	
City-St-Zip:	BIRMINGHAM, AL 35242	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: EDISON K. WOODIE III VP 02/20/2008

Electronic Signature of Signing Officer or Director — Date