

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003864

FILED
Jan 07, 2004
Secretary of State

Entity Name: BB&T INSURANCE SERVICES, INC.

Current Principal Place of Business:

3605 GLENWOOD AVENUE
RALEIGH, NC 27612

New Principal Place of Business:

Current Mailing Address:

3605 GLENWOOD AVENUE
RALEIGH, NC 27612

New Mailing Address:

FEI Number: 56-1623293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: REECE, H.W.
Address: 1919 REID STREET
City-St-Zip: RALEIGH, NC

Title: S () Delete
Name: HERRING, JERONE
Address: 201 HADLEY COURT
City-St-Zip: WINSTON-SALEM, NC

Title: AST () Delete
Name: PEELE, MARY
Address: 2115 BELLAIRE AVENUE
City-St-Zip: RALEIGH, NC

Title: D () Delete
Name: REED, SCOTT E
Address: 3861 GUINEVERE LANE
City-St-Zip: WINSTON-SALEM, NC

Title: D () Delete
Name: WILLIAMSON, HENRY
Address: 4909 KNOBVIEW COURT
City-St-Zip: WINSTON-SALEM, NC

Title: V () Delete
Name: ELLER, SHEILA S
Address: 2718 25TH AVENUE N.E.
City-St-Zip: HICKORY, NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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 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 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: SHEILA S ELLER

V

01/07/2004

Electronic Signature of Signing Officer or Director

Date