## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000003864

Entity Name: BB&T INSURANCE SERVICES, INC.

FILED Jan 24, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
3605 GLEN RALEIGH,	IWOOD AVEN NC 27612	UE		
Current Mailing Address:			New Mailing Address:	
3605 GLENWOOD AVENUE RALEIGH, NC 27612				
FEI Number:	56-1623293	FEI Number Applied For ( ) FEI Nu	ımber Not Appl	icable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US				
The above in the State		ubmits this statement for the purpose	of changing i	ts registered office or registered agent, or both,
SIGNATUR	RE:			
Electronic Signature of Registered Agent Date				
Election Can	npaign Financing	Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () REECE, H.W. 1919 REID STRI RALEIGH, NC	Delete	Title: Name: Address: City-St-Zip:	P& D (X) Change ( ) Addition REECE, H.W. 1919 REID STREET RALEIGH, NC
Title: Name: Address: City-St-Zip:	S (X) HERRING, JERO 201 HADLEY CO WINSTON-SALE	DURT	Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip:	AST () PEELE, MARY 2115 BELLAIRE RALEIGH, NC	Delete AVENUE	Title: Name: Address: City-St-Zip:	S& D (X) Change ( ) Addition PEELE, MARY 2115 BELLAIRE AVENUE RALEIGH, NC
Title: Name: Address: City-St-Zip:	D () REED, SCOTT E 3861 GUINEVER WINSTON-SALE	E LANE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title: Name: Address: City-St-Zip:	D (X) WILLIAMSON, H 4909 KNOBVIEV WINSTIN-SALEN	V COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	V () ELLER, SHEILA 2718 25TH AVEN HICKORY, NC		Title: Name: Address: City-St-Zip:	()Change ()Addition

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 01/24/2005