## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000003864

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

WINSTON-SALEM, NC

2718 25TH AVENUE N.E.

ELLER, SHEILA S

HICKORY, NC

(X) Delete

FILED Jaņ 06, 2<u>00</u>6 Secretary of State

Entity Name: BB&T INSURANCE SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3605 GLENWOOD AVENUE RALEIGH, NC 27612 **Current Mailing Address: New Mailing Address:** 3605 GLENWOOD AVENUE RALEIGH, NC 27612 FEI Number: 56-1623293 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P& D () Delete Title: (X) Change ( ) Addition Name: REECE, H.W. Name: REECE, H. WADE 1919 REID STREET 3605 GLENWOOD AVENUE Address: Address: City-St-Zip: RALEIGH, NC City-St-Zip: RALEIGH, NC 27612 S& D Title: SDT Title: () Delete (X) Change ( ) Addition Name: PEELE MARY Name: PEELE MARY 2115 BELLAIRE AVENUE 3605 GLENWOOD AVENUE Address: Address: RALEIGH, NC 27612 City-St-Zip: RALEIGH, NC City-St-Zip: Title: (X) Change ( ) Addition ( ) Delete Title: VΡ REED, SCOTT E ELLER, SHEILA S Name: Name: 3861 GUINEVERE LANE 1119 2ND STREET N F

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

HICKORY, NC 28601

() Change () Addition

SIGNATURE: H. WADE REECE PD 01/06/2006