FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

3. Mailing Address

3605 Glenwood Ave.

DOCUMENT # F98000003864

1. Entity Name

2. Principal Place of Business

3605 Glenwood Ave.

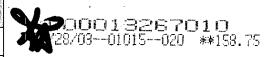
BB&T INSURANCE SERVICES, INC.



FILED

03 FEB 14 PM 12: 26

TATUAN ASSEE, FLORIDA



| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | |
|----------------------------|------------------------|--------------------------------|----------------------------|----------------------------------|--------------|--------------------------------|
| City & State Raleigh, N | NC | City & State Raleigh, N | IC | 4. FEI Number 56–1623293 | | Applied For Not Applicable |
| Zip 27612 | Country USA | Zip 27612 | Country USA | 5. Certificate of Status Desired | (X) | \$8.75 Additional Fee Required |
| 为数据学说是相信的说法 1866、1867年中的发展 | 操作通過完全工。同門中中人工工 | - 人類、Y 、表 C. 2017年本共和国企业的发展的基础 | 発表性に関連的にできます。 | 7 11 | 2 | 1.4 |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name

Corporation Service Co.

Street-Address (P.O. Box-Number is Not-Acceptable)

1201 Hays Street

ity

Tallahassee

FL 32301-252

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

Signature, typed or printed name of registered agent and title if applicable.

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00 Amended UBR is \$61.25 (NOTE: Registered Agent signature required when reinstating)

DATE

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. | OFFICERS AND DIRECTORS | |
|----------------|------------------------|--|
| TITLE NAME | President | TITLE NAME O |
| STREET ADDRESS | H.W. Reece | STREET ADDRESS |
| CITY-ST-ZIP | 1919 Reid Street | CITY: ST-7IP |
| | Raleigh, NC | |
| TITLE | S | MILE |
| NAME | Jerone Herring | NAME |
| STREET ADDRESS | 201 Hadley Court | STREET ADDRESS |
| CITY-ST-ZIP | Winston-Salem, NC | CITY ST-ZIP |
| TITLE | AST | INT |
| NAME | Mary Peele | HAME |
| STREET ADDRESS | 2115 Bellaire Ave. | STREET ADDRESS CITY-ST-ZIP DO NOT WRITE |
| CITY-ST-ZIP | Raleigh, NC | - CITY-ST-ZIP UU-NUI-WKI-I E |
| TITLE | VP | INITUO ODA OF |
| NAME | Sheila S. Eller | IN THIS SPACE |
| STREET ADDRESS | 2718 25th Ave., NE | STREET ADDRESS |
| CITY-ST-ZIP | Hickory, NC | CITY-ST-ZIP |
| TITLE | n | TILE A LANGE OF THE PARTY OF TH |
| NAME | Scott E. Reed | NAME |
| STREET ADDRESS | | STREET ADDRESS |
| CITY-ST-7IP | 3861 Guinevere Lane | CITY ST- ZIP |
| | Winston-Salem, NC | 新·李维斯 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16 |
| TITLE | D . | TITLE: |
| NAME | Henry, Williamson | NAME |
| STREET ADDRESS | 4909 Knobview Court | STREET ADDRESS |
| CITY-ST-ZIP | Winston-Salem, NC | CITY_ST-ZIP |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03

828-261-2455

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CR2E034B (12/02)