FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003864

1. Entity Name

BB&T INSURANCE SERVICES, INC.

FILED

03 FEB 14 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000132670 10
*28/03--01015--020 **158.75

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2. Principal Place of Business	3. Mailing Address
3605 Glenwood Ave.	3605 Glenwood Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Raleigh, NC	City & State: Raleigh, NC
Zip: 27612 Country: USA	Zip: 27612 Country: USA

4. FEI Number: 56-1623293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Corporation Service Co.

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301-2525

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	H.W. Reece
STREET ADDRESS	1919 Reid Street
CITY-ST-ZIP	Raleigh, NC
TITLE	S
NAME	Jerone Herring
STREET ADDRESS	201 Hadley Court
CITY-ST-ZIP	Winston-Salem, NC
TITLE	AST
NAME	Mary Peele
STREET ADDRESS	2115 Bellaire Ave.
CITY-ST-ZIP	Raleigh, NC
TITLE	VP
NAME	Sheila S. Eller
STREET ADDRESS	2718 25th Ave., NE
CITY-ST-ZIP	Hickory, NC
TITLE	D
NAME	Scott E. Reed
STREET ADDRESS	3861 Guinevere Lane
CITY-ST-ZIP	Winston-Salem, NC
TITLE	D
NAME	Henry Williamson
STREET ADDRESS	4909 Knobview Court
CITY-ST-ZIP	Winston-Salem, NC

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CR2E034B (12/02)

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: Sheila S. Eller 2-3-03 828-261-4465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #