


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90087 023 ***150.00

DOCUMENT # 831753	
1. Entity Name TRANSOUTH FINANCIAL CORPORATION	

Principal Place of Business 250 CARPENTER FREEWAY IRVING, TX 75062	Mailing Address 300 ST. PAUL PLACE BSP10D BALTIMORE, MD 21202 US
---	--

94029478



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

03012004 Chg-P CR2E034 (10/03)

4. FEI Number 57-0521452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

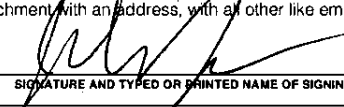
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BAYLESS, JERRY W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2208 HWY 121- SUITE 100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BEDFORD, TX 76021</td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	BAYLESS, JERRY W		STREET ADDRESS	2208 HWY 121- SUITE 100		CITY-ST-ZIP	BEDFORD, TX 76021		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																							
NAME	BAYLESS, JERRY W																								
STREET ADDRESS	2208 HWY 121- SUITE 100																								
CITY-ST-ZIP	BEDFORD, TX 76021																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOFF, HARRY D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15800 JOHN J DELANY DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CHARLOTTE, NC 28277</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	GOFF, HARRY D		STREET ADDRESS	15800 JOHN J DELANY DRIVE		CITY-ST-ZIP	CHARLOTTE, NC 28277		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	GOFF, HARRY D																								
STREET ADDRESS	15800 JOHN J DELANY DRIVE																								
CITY-ST-ZIP	CHARLOTTE, NC 28277																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>EVP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NICHOLS, R. STEPHEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>250 CARPENTER FREEWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVING, TX 75062</td> <td></td> </tr> </table>	TITLE	EVP	<input type="checkbox"/> Delete	NAME	NICHOLS, R. STEPHEN		STREET ADDRESS	250 CARPENTER FREEWAY		CITY-ST-ZIP	IRVING, TX 75062		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete																							
NAME	NICHOLS, R. STEPHEN																								
STREET ADDRESS	250 CARPENTER FREEWAY																								
CITY-ST-ZIP	IRVING, TX 75062																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>SVP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WONG, MARTIN J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>300 ST. PAUL PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BALTIMORE, MD 21202</td> <td></td> </tr> </table>	TITLE	SVP	<input type="checkbox"/> Delete	NAME	WONG, MARTIN J		STREET ADDRESS	300 ST. PAUL PLACE		CITY-ST-ZIP	BALTIMORE, MD 21202		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete																							
NAME	WONG, MARTIN J																								
STREET ADDRESS	300 ST. PAUL PLACE																								
CITY-ST-ZIP	BALTIMORE, MD 21202																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>SVP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BAIN, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>250 CARPENTER FREEWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVING, TX 75062</td> <td></td> </tr> </table>	TITLE	SVP	<input type="checkbox"/> Delete	NAME	BAIN, DAVID		STREET ADDRESS	250 CARPENTER FREEWAY		CITY-ST-ZIP	IRVING, TX 75062		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete																							
NAME	BAIN, DAVID																								
STREET ADDRESS	250 CARPENTER FREEWAY																								
CITY-ST-ZIP	IRVING, TX 75062																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JONES, JOHN I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>300 ST. PAUL PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BALTIMORE, MD 21202</td> <td></td> </tr> </table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	JONES, JOHN I		STREET ADDRESS	300 ST. PAUL PLACE		CITY-ST-ZIP	BALTIMORE, MD 21202		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete																							
NAME	JONES, JOHN I																								
STREET ADDRESS	300 ST. PAUL PLACE																								
CITY-ST-ZIP	BALTIMORE, MD 21202																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John I. Jones, Vice President 3/3/04 (410)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/3/04