

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90170 007 \*\*\*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  
BSP100  
BALTIMORE MD 21202  
US**

**30027844**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **57-0521452**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **BAYLESS, JERRY W**  
STREET ADDRESS **2208 HWY 121- SUITE 100**  
CITY-ST-ZIP **BEDFORD TX 76021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GOFF, HARRY D**  
STREET ADDRESS **15800 JOHN J DELANY DRIVE**  
CITY-ST-ZIP **CHARLOTTE NC 28277**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **EVP** ☐ Delete  
NAME **NICHOLS, R- STEPHEN**  
STREET ADDRESS **250 CAPRENTER FREEWAY**  
CITY-ST-ZIP **IRVING TX 75062**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SVP** ☐ Delete  
NAME **WONG, MARTIN J**  
STREET ADDRESS **300 ST. PAUL PLACE**  
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SVP** ☐ Delete  
NAME **BAIN, DAVID**  
STREET ADDRESS **250 CARPENTER FREEWAY**  
CITY-ST-ZIP **IRVING TX 75062**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **JONES, JOHN I**  
STREET ADDRESS **300 ST. PAUL PLACE**  
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE ☐ Change ☐ 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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John I. Jones 2/11/03 (410) 332.3000*  
Date Daytime Phone #

CR2E034 (10/02)