

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90130 031 ***550.00

DOCUMENT # F01000002368

1. Entity Name
BRANCH BANKING AND TRUST COMPANY

Principal Place of Business **Mailing Address**
223 W. NASH STREET (MAIL CDE 100-01-05-40) **223 W. NASH STREET (MAIL CDE 100-01-05-40)**
WILSON NC 27893 **WILSON NC 27893**

2. Principal Place of Business **3. Mailing Address**
200 W. Second Street **PO Box 1290**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **Applied For**
Winston-Salem, NC **Winston-Salem, NC** **56-1074313** **Not Applicable**
Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**
27104 **US** **27102** **US**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
C T CORPORATION SYSTEM **Name**
1200 SOUTH PINE ISLAND ROAD **Street Address (P.O. Box Number is Not Acceptable)**
PLANTATION FL 33324 **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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State **10. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete ALLISON, JOHN A IV 200 W. SECOND STREET WINSTON-SALEM NC 27102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Reed, Scott E. 200 W. Second Street Winston-Salem, NC 27104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete CHALK, W. KENDALL 200 W. SECOND STREET WINSTON-SALEM NC 27102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Williamson, Henry G., Jr. 200 W. Second Street Winston-Salem, NC 27104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GREENE, ROBERT E 200 W. SECOND STREET WINSTON-SALEM NC 27102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete KELLETT, SHERRY A 200 W. SECOND STREET WINSTON-SALEM NC 27102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete KING, KELLY S 200 W. SECOND STREET WINSTON-SALEM NC 27102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete WILSON, C. LEON 200 W. SECOND STREET WINSTON-SALEM NC 27102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott E. Reed* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**
F. WILSON **G. rahan, VP** **9/6/02** **(336) 733-3031**

CR2E034 (4/02)