


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F0100002368
1. Entity Name
BRANCH BANKING AND TRUST COMPANY



Principal Place of Business
200 W SECOND STREET
WINSTON SALEM, NC 27104

Mailing Address
ED VEST
P.O. BOX 1290
WINSTON-SALEM, NC 27102

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1074313	Applied For 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 ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. \$5.00 May Be Added to Fees

00000096830
03/26/04-80014-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALLISON, JOHN A IV 200 W. SECOND STREET WINSTON-SALEM, NC 27102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHALK, W. KENDALL 200 W. SECOND STREET WINSTON-SALEM, NC 27102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, ROBERT E 200 W. SECOND STREET WINSTON-SALEM, NC 27102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC VEST, EDWARD D 150 S STRATFORD, 4TH FLOOR WINSTON-SALEM, NC 27104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, KELLY S 200 W. SECOND STREET WINSTON-SALEM, NC 27102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, C. LEON 200 W. SECOND STREET WINSTON-SALEM, NC 27102

**DO NOT WRITE
IN THIS SPACE**

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: Edward D. Vest Edward D. Vest 3/22/04 (336) 733-3009

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