


2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-23-2005 90057 010 ***150.00
F01000002368

FILED

05 MAR 30 PH 3: 27

SECRETARY OF STATE
TAL 50030341 FLORIDA

| | | | |
|--|--|--|---|
| DOCUMENT # F01000002368 | |  | |
| 1. Entity Name BRANCH BANKING AND TRUST COMPANY | | | |
| Principal Place of Business 200 W SECOND STREET WINSTON SALEM, NC 27101 | | Mailing Address 200 W SECOND STREET WINSTON SALEM, NC 27101 | |
| 2. Principal Place of Business | | 3. Mailing Address CORPORATE SECRETARY | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 200 WEST SECOND STREET | |
| City & State | | City & State WINSTON-SALEM, NC | |
| Zip | Country | Zip | Country |
| 27101 | USA | 27101 | USA |
| 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 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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, 2005 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD ALLISON, JOHN A IV <input type="checkbox"/> Delete 200 W SECOND STREET WINSTON SALEM, NC 27101 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARNOLD, PHYLLIS H <input type="checkbox"/> Delete 200 W SECOND STREET WINSTON SALEM, NC 27101 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GREENE, ROBERT E <input type="checkbox"/> Delete 200 W SECOND STREET WINSTON SALEM, NC 27101 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTER, WE <input type="checkbox"/> Delete 200 W SECOND STREET WINSTON SALEM, NC 27101 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KING, KELLY S <input type="checkbox"/> Delete 200 W SECOND STREET WINSTON SALEM, NC 27101 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WILSON, C. LEON <input type="checkbox"/> Delete 200 W SECOND STREET WINSTON SALEM, NC 27101 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>M. Patricia Oliver</u> (M. Patricia Oliver) | | 336-733-2180 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

50030341
ATTACHMENT
#70100000238

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS - PAGE 2 OF 4

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | __ CHANGE | __ ADDITION |
|---|-----------|-------------|
| D BALLARD, WILLIAM C. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D BARNES, W. WATSON, SR. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D CORBETT, JESSE W., JR. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D FERGUSON, THOMAS K. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D GINN, L. H., III 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D GLOVER, J. LITTLETON, JR. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D HATCHER, ROBERT F. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D HENRY, I. PATRICIA 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |

ATTACHMENT
#F01000002368
S 00 30341

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS - PAGE 3 OF 4

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u> </u> CHANGE | <u> </u> ADDITION |
|--|------------------|--------------------|
| D KENDRICK, ERIC C. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D KLICH, WILLIAM R. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D LEE, VALERIA LYNCH 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| V/D LINTON, A. PATRICK 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D MOORE, DAN R. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D PATTON, CHARLES A. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| D WHITT, ALFRED B. 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| V/S M. PATRICIA OLIVER 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |

ATTACHMENT
#F0100000236-8
54030341

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS - PAGE 4 OF 4

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> CHANGE | <input type="checkbox"/> ADDITION |
|---|---------------------------------|-----------------------------------|
| V CHALK, W. KENDALL 200 WEST SECOND STREET WINSTON-SALEM, NC 27101 | | X |
| V VEST, EDWARD D. 150 S. STRATFORD ROAD, 4 TH FLOOR WINSTON-SALEM, NC 27101 | | X |