

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002831

FILED
Apr 20, 2009
Secretary of State

Entity Name: UNITED BANK

Current Principal Place of Business:

200 EAST NASHVILLE AVENUE
ATMORE, AL 36502

New Principal Place of Business:

Current Mailing Address:

200 EAST NASHVILLE AVENUE
ATMORE, AL 36502

New Mailing Address:

P O BOX 8
ATMORE, AL 36502

FEI Number: 63-0838750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: JONES, ROBERT R III
Address: 200 EAST NASHVILLE AVENUE
City-St-Zip: ATMORE, AL 36502

Title: DC () Delete
Name: JUSTICE, WILLIAM J
Address: 200 EAST NASHVILLE AVENUE
City-St-Zip: ATMORE, AL 36502

Title: DVC () Delete
Name: SWIFT, DAVID D
Address: 200 EAST NASHVILLE AVENUE
City-St-Zip: ATMORE, AL 36502

Title: S () Delete
Name: BROOKS, TINA N
Address: 200 EAST NASHVILLE AVENUE
City-St-Zip: ATMORE, AL 36502

Title: CFO () Delete
Name: JONES, ALLEN O
Address: 200 EAST NASHVILLE AVENUE
City-St-Zip: ATMORE, AL 36502

Title: CTRL () Delete
Name: JOHNSON, DALE
Address: 200 EAST NASHVILLE AVENUE
City-St-Zip: ATMORE, AL 36502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVC (X) Change () Addition
Name: JUSTICE, WILLIAM J
Address: 200 EAST NASHVILLE AVENUE
City-St-Zip: ATMORE, AL 36502

Title: DC (X) Change () Addition
Name: SWIFT, DAVID D
Address: 200 EAST NASHVILLE AVENUE
City-St-Zip: ATMORE, AL 36502

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA N BROOKS

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date