


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90565 031 \*\*\*150.00

<b>DOCUMENT # F04000006315</b> 1. Entity Name <b>REGIONS FINANCIAL CORPORATION</b>					
Principal Place of Business <b>1417 NORTH 20TH STREET BIRMINGHAM, AL 35202</b>				Mailing Address <b>1417 NORTH 20TH STREET BIRMINGHAM, AL 35202</b>	
2. Principal Place of Business <b>417 NORTH 20TH STREET</b>		3. Mailing Address <b>P.O. BOX 10247</b>		  04202005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>SUITE 400</b>		Suite, Apt. #, etc. <b>ATTN: RACHEL CODDEL</b>			
City & State <b>BIRMINGHAM, AL</b>		City & State <b>BIRMINGHAM, AL</b>			
Zip <b>35203</b>		Zip <b>35202</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>63-0589368</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JONES, CARL E JR. 417 NORTH 20TH STREET BIRMINGHAM, AL 35202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MOORE, JACKSON W 417 NORTH 20TH STREET BIRMINGHAM, AL 35202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, CHRIS E. 417 NORTH 20TH STREET BIRMINGHAM, AL 35203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO HORSLEY, RICHARD D 417 NORTH 20TH STREET BIRMINGHAM, AL 35202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MORGAN, ALLEN B JR. 417 NORTH 20TH STREET BIRMINGHAM, AL 35202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JORDAN, D. BRYAN 417 NORTH 20TH STREET BIRMINGHAM, AL 35202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOETHE, ROBERT A 417 NORTH 20TH STREET BIRMINGHAM, AL 35202 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, RONALD C. 417 NORTH 20TH STREET BIRMINGHAM, AL 35203 <input type="checkbox"/> Change <input checked="" 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 667, 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.					
<b>SIGNATURE: _____ RONALD C. JACKSON</b> <i>Ronald C. Jackson</i> <b>4/25/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					