

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 APR -7 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000005162

1. Entity Name
BB&T ASSET MANAGEMENT, INC.



Principal Place of Business
111 2ND AVENUE NE
SAINT PETERSBURG, FL 33701-3434

Mailing Address
434 FAYETTEVILLE STREET MALL, 5TH FLOOR
RALEIGH, NC 27601-1701



03212006 No Chg-P CR2E034 (11/05) 06

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0380865

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPD
NAME KARLAWISH, KEITH
STREET ADDRESS 434 FAYETTEVILLE STREET MALL, 5TH FLOOR
CITY - ST - ZIP RALEIGH, NC 276011701

TITLE VCD
NAME ARTHUR, DAVID
STREET ADDRESS 434 FAYETTEVILLE STREET MALL, 5TH FLOOR
CITY - ST - ZIP RALEIGH, NC 276011701

TITLE DC
NAME MILLER, KEN
STREET ADDRESS 200 WEST SECOND STREET
CITY - ST - ZIP WINSTON SALEM, NC 27101

TITLE D
NAME SCHAPPE, JEFF
STREET ADDRESS 434 FAYETTEVILLE STREET MALL, 5TH FLOOR
CITY - ST - ZIP RALEIGH, NC 276011701

TITLE VCFO
NAME PALERMO, PAUL
STREET ADDRESS 434 FAYETTEVILLE STREET MALL, 5TH FLOOR
CITY - ST - ZIP RALEIGH, NC 276011701

TITLE S
NAME WARD, CLINT
STREET ADDRESS 434 FAYETTEVILLE STREET MALL, 5TH FLOOR
CITY - ST - ZIP RALEIGH, NC 276011701

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04/27/06--01019--007 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

Date

919 716 6130

Daytime Phone #