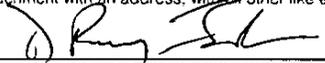


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90565 004 ***150.00

DOCUMENT # F92000000396			
1. Entity Name REGIONS FINANCIAL LEASING, INC.			
Principal Place of Business P.O. BOX 1203 MONTGOMERY, AL 36102-1203		Mailing Address P O BOX 10247 ATTN: RACHEL CADDELL BIRMINGHAM, AL 35202 US	
2. Principal Place of Business 417 NORTH 20TH STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BIRMINGHAM, AL		City & State	
Zip 35203	Country US	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORSLEY, RICHARD	NAME	
STREET ADDRESS	417 N 20TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35203	CITY-ST-ZIP	
TITLE	DAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPCHURCH, SAM	NAME	
STREET ADDRESS	417 N 20TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35203	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBS, CHRISTOPHER	NAME	
STREET ADDRESS	417 N 20TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35203	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIMS, RICKY	NAME	
STREET ADDRESS	60 COMMERCE STREET	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 36104	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, D BRYAN	NAME	
STREET ADDRESS	417 N 20TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35203	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, E. CRIS	NAME	
STREET ADDRESS	417 N 20TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35203	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		D. BRYAN JORDAN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	