

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90193 039 ***150.00

0603276 AT

DOCUMENT # F93000004198

1. Entity Name
REGIONS FINANCIAL (DE), INC.

Principal Place of Business P.O. BOX 10247 BIRMINGHAM AL 35202	Mailing Address P.O. BOX 1448 MONTGOMERY AL 36102 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 10247 ATTN: Jackie Snow
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DO NOT WRITE IN THIS SPACE

City & State Birmingham, AL	4. FEI Number 63-1098861	Applied For <input type="checkbox"/> Not Applicable
Zip 35202	Country U.S.A	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P ASKEW, WILLIAM E	<input type="checkbox"/> Delete
STREET ADDRESS 417 NORTH 20TH STREET	
CITY-ST-ZIP BIRMINGHAM AL 35202	
TITLE NAME VAS MARTIN, VIRGINA L	<input type="checkbox"/> Delete
STREET ADDRESS 417 NORTH 20TH STREET	
CITY-ST-ZIP BIRMINGHAM AL 35202	
TITLE NAME T TURNER, W. NEIL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 44 FIRST ALABAMA PLAZA	
CITY-ST-ZIP MONTGOMERY AL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Virginia L. Martin* **VIRGINIA L. MARTIN** 03/05/02 (205) 326-7461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)