

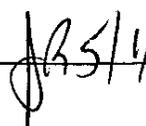
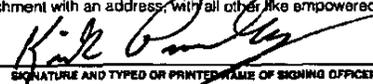
04-28-2004 90326 001 *1,650.00
F94000000423

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 MAY 11 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66416054

DOCUMENT # F94000000423 1. Entity Name COMPASS BANCSHARES, INC.					
Principal Place of Business 15 SOUTH 20 STREET BIRMINGHAM, AL 35233			Mailing Address P.O. BOX 10566 BIRMINGHAM, AL 35296		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-0593897	
Zip		Country		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	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, D. PAUL JR		NAME		
STREET ADDRESS	15 S. 20TH ST		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, JERRY W		NAME		
STREET ADDRESS	15 S. 20TH ST		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEGEL, GARRETT R		NAME		
STREET ADDRESS	15 S. 20TH ST		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL		CITY-ST-ZIP		
TITLE	CAO	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOURNY, TIMOTHY		NAME	CAO Pressley, Kirk 15 S 20th ST Birmingham, AL 35233	
STREET ADDRESS	15 S 20TH ST		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		Kirk Pressley		4/21/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	