05-04-2005 90231 001 *1,200.00
F94000000423

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY 25 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000423

1. Entity Name
COMPASS BANCSHARES, INC.

Principal Place of Business	Mailing Address
15 SOUTH 20 STREET BIRMINGHAM, AL 35233	P.O. BOX 10566 BIRMINGHAM, AL 35296

01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0593897
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JONES, D. PAUL JR
STREET ADDRESS	15 S. 20TH ST
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	S
NAME	POWELL, JERRY W
STREET ADDRESS	15 S. 20TH ST
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	V
NAME	HEGEL, GARRETT R
STREET ADDRESS	15 S. 20TH ST
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	CAO
NAME	PRESSLEY, KIRK
STREET ADDRESS	15 S 20TH ST
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

5/25

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 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 4/27/05 (205) 297-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #