2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005735

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BIRMINGHAM, AL

() Delete

FILED Mar 04, 2004 Secretary of State

Entity Name: SOUTHTRUST CAPITAL FUNDING CORPORATION **Current Principal Place of Business: New Principal Place of Business:** 420 N. 20TH ST. BIRMINGHAM, AL 35203 **Current Mailing Address: New Mailing Address:** 420 N. 20TH ST BIRMINGHAM, AL 35203 FEI Number: 63-1061435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition EUBANKS, R. GLENN LEWIS, LEESA Name: Name: 420 N. 20TH ST. 420 N. 20TH ST. Address: Address: City-St-Zip: BIRMINGHAM, AL 35203 City-St-Zip: BIRMINGHAM, AL 35203 Title: Title: VΡ (X) Change () Addition () Delete JOHNSON, LYNN A JOHNSON, LYNN A Name: Name: 420 N. 20TH -4TH FLR 420 N. 20TH -4TH FLR Address: Address: BIRMINGHAM, AL BIRMINGHAM, AL 35203 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition PD () Delete PD MORRIS, ANDREW S MORRIS, ANDREW S Name: Name: 420 N 20TH ST 420 N 20TH ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BIRMINGHAM, AL 35203

220 WILDWOOD PKWY

BIRMINGHAM, AL 35209

LASSITER, BRIAN

() Change (X) Addition

OFF

SIGNATURE: BRIAN LASSITER **OFF** 03/04/2004