## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000005735

Title:

Name:

Address:

City-St-Zip:

OFF

LASSITER, BRÍAN

220 WILDWOOD PKWY

BIRMINGHAM, AL 35209

(X) Delete

Entity Name: SOUTHTRUST CAPITAL FUNDING CORPORATION

FILED Apr 20, 2006 Secretary of State

•						
Current Pi	incipal Place o	of Business:	New Prince	New Principal Place of Business:		
420 N. 20T BIRMINGH	H ST. AM, AL 35203					
Current Mailing Address:			New Maili	New Mailing Address:		
420 N. 20TH ST. BIRMINGHAM, AL 35203				C/O CSC 2711 CENTERVILLE RD WILMINGTON, DE 19808		
FEI Number:	63-1061435	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name				lame and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US						
The above in the State		ibmits this statement for the pu	urpose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Ager	nt	Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	LEWIS, LEESA 420 N. 20TH ST. BIRMINGHAM, AI	Delete _ 35203 Delete	Title: Name: Address: City-St-Zip: Title:	POWERS, JAM 301 S COLLEGI CHARLOTTE, N	E ST	
Name: Address: City-St-Zip:	JOHNSON, LYNN 420 N. 20TH -4TH BIRMINGHAM, AI	IA I FLR	Name: Address: City-St-Zip:	MULLIS, CAROI 301 S COLLEGI CHARLOTTE, N	LR EST	
Title: Name: Address: City-St-Zip:	PD (X) I MORRIS, ANDRE 420 N 20TH ST BIRMINGHAM, AI		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CAROL R MULLIS VP 04/20/2006

() Change () Addition