

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005735

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: SOUTHTRUST CAPITAL FUNDING CORPORATION

**Current Principal Place of Business:**

420 N. 20TH ST.  
BIRMINGHAM, AL 35203

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CSC  
2711 CENTERVILLE RD  
WILMINGTON, DE 19808

**New Mailing Address:**

FEI Number: 63-1061435      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: POWERS, JAMES  
Address: 301 S COLLEGE ST  
City-St-Zip: CHARLOTTE, NC 28288

Title: VP ( ) Delete  
Name: MULLIS, CAROL R  
Address: 301 S COLLEGE ST  
City-St-Zip: CHARLOTTE, NC 28288

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MITCHELL, APRILLE M  
Address: 301 S COLLEGE ST  
City-St-Zip: CHARLOTTE, NC 28288

Title: SEC ( ) Change (X) Addition  
Name: DANIELLO, TIMOTHY F  
Address: 301 S. COLLEGE ST  
City-St-Zip: CHARLOTTE, NC 28288

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: APRILLE M MITCHELL

VP

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date