

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90352 001 ***450.00

DOCUMENT # F97000003160

1. Entity Name
AMSOUTH BANK

Principal Place of Business
**AMSOUTH SONAT TOWER
 1900 5TH AVENUE NORTH
 BIRMINGHAM AL 35203**

Mailing Address
**LAW DEPARTMENT
 1901 6TH AVENUE NORTH, SUITE 920
 BIRMINGHAM AL 35203**

41336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0935103**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Delete
NAME	RITTER, C. DOWD	
STREET ADDRESS	1900 5TH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANDLER, J. HAROLD	
STREET ADDRESS	1 FOUNTAIN SQUARE	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALTON, JAMES E	
STREET ADDRESS	103 CONTINENTAL PLACE	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, RODNEY C	
STREET ADDRESS	3700 OLD LEEDS ROAD	
CITY-ST-ZIP	BIRMINGHAM AL 35213	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MASTERS, DIANE	
STREET ADDRESS	1900 5TH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GORDAY, CARL L	
STREET ADDRESS	1901 6TH AVE N., SUITE 920	
CITY-ST-ZIP	BIRMINGHAM AL 35203	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, RODNEY C	
STREET ADDRESS	2 PEACH BLOSSOM SQUARE	
CITY-ST-ZIP	NASHVILLE, TN 37205	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YODER, STEPHEN A.	
STREET ADDRESS	1901 6TH AVE NORTH, SUITE 920	
CITY-ST-ZIP	BIRMINGHAM, AL 35203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl L. Gorday / Carl L. Gorday 4/26/01 205-326-5783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)