

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90173 031 \*\*\*150.00

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**63-0935103**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE  Delete  
 NAME **CPD RITTER, C. DOWD**  
 STREET ADDRESS **1900 5TH AVENUE NORTH**  
 CITY-ST-ZIP **BIRMINGHAM AL 35203**

TITLE  Delete  
 NAME **D CHANDLER, J. HAROLD**  
 STREET ADDRESS **1 FOUNTAIN SQUARE**  
 CITY-ST-ZIP **CHATTANOOGA TN 37402**

TITLE  Delete  
 NAME **D DALTON, JAMES E**  
 STREET ADDRESS **103 CONTINENTAL PLACE**  
 CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE  Delete  
 NAME **D GILBERT, RODNEY C**  
 STREET ADDRESS **2 PEACH BLOSSOM SQ**  
 CITY-ST-ZIP **NASHVILLE TN 37205**

TITLE  Delete  
 NAME **S YODER, STEPHEN A**  
 STREET ADDRESS **1901 6TH AVE N, STE., #9203**  
 CITY-ST-ZIP **BIRMINGHAM AL 35203**

TITLE  Delete  
 NAME **AS GORDAY, CARL L**  
 STREET ADDRESS **1901 6TH AVE N., SUITE 920**  
 CITY-ST-ZIP **BIRMINGHAM AL 35203**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*SIGNATURE REQUIRED*  
*Steph Yoder*

4/18/02

Date

205-326-5183

Daytime Phone #

CR2E034 (9/01)