

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90144 029 \*\*\*550.00

**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  
1900 5TH AVENUE NORTH, 10 FLOOR  
BIRMINGHAM, AL 35203**

**40099522**



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD RITTER, C. DOWD 1900 5TH AVENUE NORTH BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEAVENPORT, EARNEST PO BOX 431 KINGSPORT, TN 37662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INGRAM, MARTHA 4400 HARDING RD NASHVILLE, TN 7205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GORDAY, CARL L 1900 FIFTH AVENUE NORTH, 10TH FLOOR BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BUCHANAN, JOHN D 1900 FIFTH AVENUE NORTH, 10TH FLOOR BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Carl L. Gorday Carl L. Gorday 7-6-06 205-326-5183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #