

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90012 033 ****50.00

DOCUMENT #

1. Entity Name

AmSouth Investment Management Company, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1901 Sixth Avenue, N.

Suite, Apt. #, etc.

Suite 620

City & State

Birmingham, AL

Zip

35203

Country

USA

3. Mailing Address

1901 Sixth Avenue, N.

Suite, Apt. #, etc.

Suite 620

City & State

Birmingham, AL

Zip

35203

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-1270451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Geoffrey von Kuhn - MGR 1901 Sixth Avenue, N. Birmingham, AL 35203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Keating, MGR 1901 Sixth Avenue, N. Birmingham, AL 35203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael C. Daniel - MGR 1901 Sixth Avenue, N. Birmingham, AL 35203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Don Kimble - MGR 1901 Sixth Avenue, N. Birmingham, AL 35203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)