2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P20018

Title:

Name:

Address:

City-St-Zip:

Entity Name: SOUTHTRUST SECURITIES, INC.

FILED Feb 12, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 112 N. 20TH STREET 112 N. 20TH STREET 7TH FLOOR 7TH FLOOR BIRMINGHAM, AL 35203 BIRMINGHAM, AL 35203 US **Current Mailing Address:** New Mailing Address: 100 BROOKWOOD PLACE, SUITE 300 ATTN: SHELLIE SMITH-TAX DEPT C/O TAX DEPT ATTN: MÁTTHEW TOONE PO BOX 2554 BIRMINGHAM, AL 35209 BIRMINGHAM, AL 35290 FEI Number: 63-0913711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GOURLEY, PAUL Name: Name: 100 BROOKWOOD PLACE SUITE 300 Address: Address: City-St-Zip: BIRMINGHAM, AL 35209 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WHITE, RICHARD S Name: 420 N 20TH ST Address: Address: BIRMINGHAM, AL City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BENNERS, MORRIS Name: Name: 112 N 20TH ST Address: Address: City-St-Zip: BIRMINGHAM, AL City-St-Zip: Title: CEOD () Delete Title: () Change () Addition PORTER, JOHN D. Name: Name: Address: 112 N 20TH ST., 7TH FLOOR Address: City-St-Zip: City-St-Zip: BIRMINGHAM, AL

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN R LASSITER VP 02/12/2002

() Delete

() Change (X) Addition

100 BROOKWOOD PLACE, SUITE 300

LASSITER, BRIAN R

BIRMINGHAM, AL 35209 US