

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002905

FILED  
Feb 22, 2011  
Secretary of State

Entity Name: BANKTRUST

**Current Principal Place of Business:**

100 ST. JOSEPH STREET  
MOBILE, AL 36602

**New Principal Place of Business:**

**Current Mailing Address:**

100 ST. JOSEPH STREET  
MOBILE, AL 36602

**New Mailing Address:**

FEI Number: 63-0920867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: LAMAR, W. BIBB JR  
Address: 100 ST. JOSEPH STREET  
City-St-Zip: MOBILE, AL 36602

Title: DP  
Name: BARNETT, JOHN B III  
Address: 100 ST. JOSEPH STREET  
City-St-Zip: MOBILE, AL 36602

Title: D  
Name: CRAWFORD, STEPHEN G  
Address: 100 ST. JOSEPH STREET  
City-St-Zip: MOBILE, AL 36602

Title: D  
Name: DE LANEY, DAVID C  
Address: 100 ST. JOSEPH STREET  
City-St-Zip: MOBILE, AL 36602

Title: D  
Name: FRIEDMAN, LOWELL J  
Address: 100 ST. JOSEPH STREET  
City-St-Zip: MOBILE, AL 36602

Title: D  
Name: GORDY, CAROL F  
Address: 100 ST. JOSEPH STREET  
City-St-Zip: MOBILE, AL 36602

I hereby 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 all other like empowered.

SIGNATURE: MARK THOMPSON

SVP

02/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date