

1.) CORPORATION NAME:

BB&T Credit Services, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **04038576**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6400 ARLINGTON BOULEVARD
SUITE 420

CITY/ST/ZIP: FALLS CHURCH, VA 22042

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DEREK K. LANE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6400 ARLINGTON BOULEVARD SUITE 420		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		
NAME:	LISA I. MOBERLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6400 ARLINGTON BOULEVARD SUITE 420		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		
NAME:	PATRICK G BENSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6400 ARLINGTON BOULEVARD SUITE 420		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		
NAME:	JAMES C. EDWARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6400 ARLINGTON BOULEVARD SUITE 420		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		
NAME:	ROBERT LEE GORMAN JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6400 ARLINGTON BOULEVARD SUITE 420		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J MCCOLLUM DIRECTOR 6400 ARLINGTON BOULEVARD SUITE 420 FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL J ROZELLE DIRECTOR 6400 ARLINGTON BOULEVARD SUITE 420 FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLE P TOMPKINS DIRECTOR 6400 ARLINGTON BOULEVARD SUITE 420 FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LISA I. MOBERLY	LISA I. MOBERLY, SECRETARY	12/19/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			