

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214501555

1.) CORPORATION NAME:

**BB&T Credit Services, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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 Blvd  
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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DEREK K. LANE		
TITLE:	PRESIDENT		
ADDRESS:	6400 Arlington Blvd SUITE 420		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	James G. Kesler		
TITLE:	TREASURER		
ADDRESS:	6400 Arlington Blvd SUITE 420		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Wanda Clark		
TITLE:	SECRETARY		
ADDRESS:	6400 Arlington Blvd SUITE 420		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES C. EDWARDS		
TITLE:	DIRECTOR		
ADDRESS:	6400 Arlington Blvd SUITE 420		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT LEE GORMAN JR.		
TITLE:	VICE PRESIDENT		
ADDRESS:	6400 Arlington Blvd SUITE 420		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

NAME:	THOMAS J MCCOLLUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6400 ARLINGTON BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 420 FALLS CHURCH, VA 22042		

NAME:	DANIEL J ROZELLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6400 ARLINGTON BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 420 FALLS CHURCH, VA 22042		

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/ Wanda Clark	Wanda Clark, SECRETARY	12/20/2013
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.