

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

**Regions Bank**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1204546**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**AL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1900 FIFTH AVE NORTH

CITY/ST/ZIP: BIRMINGHAM, AL 35203

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:	O B GRAYSON HALL JDR	
TITLE:	PRESIDENT	
ADDRESS:	1900 FIFTH AVE NORTH	
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAMELA R WELCH	
TITLE:	ASST S	
ADDRESS:	315 DEADERICK ST	
CITY/ST/ZIP/CO:	NASHVILLE, TN 37237	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SAMUEL W BARTHOLOMEW JR	
TITLE:	DIRECTOR	
ADDRESS:	1900 FIFTH AVENUE NORTH	
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE W BRYAN	
TITLE:	DIRECTOR	
ADDRESS:	1900 FIFTH AVENUE NORTH	
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID J. COOPER	
TITLE:	DIRECTOR	
ADDRESS:	1900 FIFTH AVE NORTH	
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EARNEST W DEAVENPORT JR	
TITLE:	DIRECTOR	
ADDRESS:	1900 FIFTH AVENUE NORTH	
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON DEFOSSET DIRECTOR 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC C FAST DIRECTOR 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES R MALONE DIRECTOR 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN W MATLOCK DIRECTOR 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E MAUPIN JR DIRECTOR 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES D MCCRARY DIRECTOR 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R ROBERTS DIRECTOR 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE J STYSLINGER III DIRECTOR 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUTH ANN MARSHALL DIRECTOR 1900 FIFTH AVE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN H. BYRD DIRECTOR 1900 FIFTH AVE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D. JOHNS DIRECTOR 1900 FIFTH AVE NORTH BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J. TURNER, JR. CFO 1900 FIFTH AVE NORTH BIRMINGHAM, AL 35203	<input checked="" type="checkbox"/> OFFICER	<input 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/ PAMELA R WELCH	PAMELA R WELCH, ASST S	2/23/2013	
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.			