

1.) CORPORATION NAME:

BB&T Equipment Finance Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **3/31/2011**

SCC ID NO: **F1504655**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5130 PARKWAY PLAZA BOULEVARD

CITY/ST/ZIP: CHARLOTTE, NC 28217-

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: TOM JASCHIK
TITLE: PRESIDENT
ADDRESS: 5130 PARKWAY PLAZA BOULEVARD
CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-

OFFICER

DIRECTOR

NAME: JEFFREY A KALE
TITLE: TREASURER
ADDRESS: 5130 PARKWAY PLAZA BOULEVARD
CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-

OFFICER

DIRECTOR

NAME: JACK H KEE, III
TITLE: SECRETARY
ADDRESS: 5130 PARKWAY PLAZA BOULEVARD
CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-

OFFICER

DIRECTOR

NAME: CORY BOYTE
TITLE: DIRECTOR
ADDRESS: 5130 PARKWAY PLAZA BOULEVARD
CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-

OFFICER

DIRECTOR

NAME: ROY EDWARDS
TITLE: DIRECTOR
ADDRESS: 5130 PARKWAY PLAZA BOULEVARD
CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-

OFFICER

DIRECTOR

NAME: STEPHEN GRAY TITLE: DIRECTOR ADDRESS: 5130 PARKWAY PLAZA BOULEVARD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRANT STANDRIDGE TITLE: DIRECTOR ADDRESS: 5130 PARKWAY PLAZA BOULEVARD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT A. FENTRESS, JR. TITLE: DIRECTOR ADDRESS: 5130 PARKWAY PLAZA BOULEVARD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STEVEN B. WIGGS TITLE: DIRECTOR ADDRESS: 5130 PARKWAY PLAZA BOULEVARD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT W. KURTZ TITLE: ASST TREASURER ADDRESS: 5130 PARKWAY PLAZA BOULEVARD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CONSTANCE W. LANCASTER TITLE: ASST SECRETARY ADDRESS: 5130 PARKWAY PLAZA BOULEVARD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LISA MOBERLY TITLE: OFFICER ADDRESS: 5130 PARKWAY PLAZA BOULEVARD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-	<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/ LISA MOBERLY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA MOBERLY, OFFICER _____ PRINTED NAME AND CORPORATE TITLE	1/28/2011 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.		