

1.) CORPORATION NAME:

BB&T Asset Management, Inc.

DUE DATE: **2/29/2012**

SCC ID NO: **F1505553**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 434 FAYETTEVILLE STREET MALL
5TH FLOOR

CITY/ST/ZIP: RALEIGH, NC 27601-

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.

OFFICER DIRECTOR

NAME: JEFFREY SCHAPPE
TITLE: CEO / PRESIDENT
ADDRESS: 434 FAYETTEVILLE STREET MALL
5TH FLOOR
CITY/ST/ZIP/CO: RALEIGH, NC 27601-

OFFICER DIRECTOR

NAME: CLINT L. WARD
TITLE: SECRETARY / CCO
ADDRESS: 434 FAYETTEVILLE STREET MALL
5TH FLOOR
CITY/ST/ZIP/CO: RALEIGH, NC 27601-

OFFICER DIRECTOR

NAME: PAUL PALERMO
TITLE: CFO / SVP
ADDRESS: 434 FAYETTEVILLE STREET MALL
5TH FLOOR
CITY/ST/ZIP/CO: RALEIGH, NC 27601-

OFFICER DIRECTOR

NAME: DAVID M. ARTHUR
TITLE: DIRECTOR
ADDRESS: 434 FAYETTEVILLE STREET MALL
5TH FLOOR
CITY/ST/ZIP/CO: RALEIGH, NC 27601-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY D. DELUCIA DIRECTOR 434 FAYETTEVILLE STREET MALL 5TH FLOOR RALEIGH, NC 27601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W. FISHER DIRECTOR 434 FAYETTEVILLE STREET MALL 5TH FLOOR RALEIGH, NC 27601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH F. KARLAWISH DIRECTOR 434 FAYETTEVILLE STREET MALL 5TH FLOOR RALEIGH, NC 27601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND MCCULLOCH DIRECTOR 434 FAYETTEVILLE STREET MALL 5TH FLOOR RALEIGH, NC 27601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH L. MILLER DIRECTOR 434 FAYETTEVILLE STREET MALL 5TH FLOOR RALEIGH, NC 27601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E. G. PURCELL III DIRECTOR 434 FAYETTEVILLE STREET MALL 5TH FLOOR RALEIGH, NC 27601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES WILLIS DIRECTOR 434 FAYETTEVILLE STREET MALL 5TH FLOOR RALEIGH, NC 27601-	<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/ CLINT L. WARD	CLINT L. WARD, SECRETARY / CCO	12/28/2011
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.