

1.) CORPORATION NAME:

Regions Financial Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **7/31/2011**

SCC ID NO: **F1635285**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,000,000
PREFER	10,000,000

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 JR	
TITLE:	P/CEO	
ADDRESS:	1900 FIFTH AVENUE NORTH	
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SAMUEL W BARTHOLOMEW JR	
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-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAMELA R. WELCH	
TITLE:	ASST SEC	
ADDRESS:	315 DEADERICK STREET	
CITY/ST/ZIP/CO:	NASHVILLE, TN 37237-0521	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FOURNIER J GALE III	
TITLE:	SECRETARY	
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:	GEORGE W BRYAN 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:	SAMUEL W BARTHOLOMEW 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:	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:	DAVID J. COOPER 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:	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:	JOHN R ROBERTS DIRECTOR 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CAROLYN H BYRD TITLE: DIRECTOR ADDRESS: 1900 FIFTH AVENUE NORTH CITY/ST/ZIP/CO: BIRMINGHAM, AL 35203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ERIC C FAST TITLE: DIRECTOR ADDRESS: 1900 FIFTH AVENUE NORTH CITY/ST/ZIP/CO: BIRMINGHAM, AL 35203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ FOURNIER J GALE III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FOURNIER J GALE III, SECRETARY PRINTED NAME AND CORPORATE TITLE	7/14/2011 DATE
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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.