

1.) CORPORATION NAME:

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

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: **F1740689**

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: 200 SOUTH COLLEGE STREET  
8TH FLOOR

CITY/ST/ZIP: CHARLOTTE, NC 28202-

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: JOHN D VAUGHAN, JR.  OFFICER  DIRECTOR  
TITLE: PRESIDENT/CEO  
ADDRESS: 200 SOUTH COLLEGE STREET  
8TH FLOOR  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28202-

NAME: DON RENICK  OFFICER  DIRECTOR  
TITLE: VICE PRESIDENT  
ADDRESS: 200 SOUTH COLLEGE STREET  
8TH FLOOR  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28202-

NAME: DEBBIE ANN TAYLOR  OFFICER  DIRECTOR  
TITLE: CCO/C-SECRETARY  
ADDRESS: 200 SOUTH COLLEGE STREET  
8TH FLOOR  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28202-

NAME: DARREN EARNHARDT  OFFICER  DIRECTOR  
TITLE: CFO  
ADDRESS: 200 SOUTH COLLEGE STREET  
8TH FLOOR  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28202-

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID C. MCMAHON		
TITLE:	DIRECTOR		
ADDRESS:	200 SOUTH COLLEGE STREET		
	8TH FLOOR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SALLIE SCARBOROUGH		
TITLE:	DIRECTOR		
ADDRESS:	200 SOUTH COLLEGE STREET		
	8TH FLOOR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES TEAL		
TITLE:	DIRECTOR		
ADDRESS:	200 SOUTH COLLEGE STREET		
	8TH FLOOR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT L YOUNGBLOOD		
TITLE:	DIRECTOR		
ADDRESS:	200 SOUTH COLLEGE STREET		
	8TH FLOOR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LISA MOBERLY		
TITLE:	OFFICER		
ADDRESS:	200 SOUTH COLLEGE STREET		
	8TH FLOOR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		

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	LISA MOBERLY, OFFICER	1/28/2011
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.