

1.) CORPORATION NAME:

BB&T Investment Services, Inc.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

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:

VA

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.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	200 SOUTH COLLEGE STREET 8TH FLOOR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	DON RENICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 SOUTH COLLEGE STREET 8TH FLOOR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	DARREN EARNHARDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	200 SOUTH COLLEGE STREET 8TH FLOOR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	LISA MOBERLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	corporate secretary		
ADDRESS:	200 SOUTH COLLEGE STREET 8TH FLOOR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	DEBBIE ANN TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CCO-CSEC		
ADDRESS:	200 SOUTH COLLEGE STREET 8TH FLOOR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID C. MCMAHON DIRECTOR 200 SOUTH COLLEGE STREET 8TH FLOOR CHARLOTTE, NC 28202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SALLIE SCARBOROUGH DIRECTOR 200 SOUTH COLLEGE STREET 8TH FLOOR CHARLOTTE, NC 28202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES TEAL DIRECTOR 200 SOUTH COLLEGE STREET 8TH FLOOR CHARLOTTE, NC 28202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L YOUNGBLOOD DIRECTOR 200 SOUTH COLLEGE STREET 8TH FLOOR CHARLOTTE, NC 28202	<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/ LISA MOBERLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA MOBERLY, PRINTED NAME AND CORPORATE TITLE	3/23/2012 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.			