

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214553971

1.) CORPORATION NAME:

Regions Capital Advantage, Inc.

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 EAST MAIN STREET**

SCC ID NO: **F1881244**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1900 FIFTH AVENUE NORTH
SUITE 2400

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.

NAME:	CORD KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1900 FIFTH AVENUE NORTH SUITE 2400		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		

NAME:	RICHARD A. HENDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/SEC/TREAS		
ADDRESS:	1900 FIFTH AVENUE NORTH SUITE 2400		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		

NAME:	PAMELA R. WELCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	315 DEADRICK STREET 5TH FLOOR		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37237		

NAME:	ROBERT ELLIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH SUITE 2400		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		

NAME:	BILL G. FITE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH SUITE 2400		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		

NAME:	JAMIE GREGORY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH		
	SUITE 2400		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		

NAME:	MICHAEL D. SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH		
	SUITE 2400		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		

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/ PAMELA R. WELCH	PAMELA R. WELCH, ASST	12/26/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.