

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001411

FILED
Mar 26, 2009
Secretary of State

Entity Name: CAPITALSOUTH BANK

Current Principal Place of Business:

2340 WOODCREST PLACE, SUITE 200
BIRMINGHAM, AL 35209

New Principal Place of Business:

2340 WOODCREST PLACE
BIRMINGHAM, AL 35209

Current Mailing Address:

2340 WOODCREST PLACE, SUITE 200
BIRMINGHAM, AL 35209

New Mailing Address:

2340 WOODCREST PLACE
BIRMINGHAM, AL 35209

FEI Number: 63-0698178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PUCKETT, W. DAN
Address: 2340 WOODCREST PLACE, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35209

Title: S () Delete
Name: MARSH, CAROL W
Address: 2340 WOODCREST PLACE, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35209

Title: D () Delete
Name: GRAVES, STANLEY L
Address: 6930 CAHABA VALLEY ROAD, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35242

Title: D () Delete
Name: WOOD, DAVE W II
Address: P.O. BOX 610130
City-St-Zip: BIRMINGHAM, AL 35210

Title: D () Delete
Name: DUNN, HAROLD B.
Address: P.O. BOX 100759
City-St-Zip: BIRMINGHAM, AL 35210

Title: D (X) Delete
Name: MCPHERSON, CHARLES K
Address: 5150 CARDINAL STREET
City-St-Zip: TRUSSVILLE, AL 35173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID D. DUNCAN

VP

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date