

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000369

FILED
Mar 25, 2008
Secretary of State

Entity Name: SYNOVUS SECURITIES, INC.

Current Principal Place of Business:

1234 FIRST AVE
COLUMBUS, GA 31901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2628
COLUMBUS, GA 31902 US

New Mailing Address:

FEI Number: 58-1625031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CEO () Delete
Name: SINGLETON, BART
Address: 1234 1ST AVE
City-St-Zip: COLUMBUS, GA 31901

Title: VD () Delete
Name: SEXTON, G. LEN III
Address: 1234 1ST AVE
City-St-Zip: COLUMBUS, GA 31901

Title: D () Delete
Name: BURNS, BETH
Address: 1234 1ST AVE
City-St-Zip: COLUMBUS, GA 31901

Title: D () Delete
Name: KLEPCHICK, DREW
Address: 1000 ALBERNATHY RD SUITE 1500
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: WALL, TOM
Address: 2801 HWY 280 SOUTH BLDG 3
City-St-Zip: BIRMINGHAM, AL 35223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SEXTON, G. LEN III
Address: 1148 BROADWAY
City-St-Zip: COLUMBUS, GA 31901

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

Title: D (X) Change () Addition
Name: VARNER, ROB
Address: 1234 1ST AVE
City-St-Zip: COLUMBUS, GA 31901

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: BETH BURNS

Electronic Signature of Signing Officer or Director

SVP

03/25/2008

_____ Date