

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
 02-22-2000 90023 020 ***150.00

DOCUMENT # F99000002309

1. Entity Name
SUNTRUST REAL ESTATE CORPORATION

Principal Place of Business Mailing Address
 919 EAST MAIN STREET 919 EAST MAIN STREET
 RICHMOND VA 23219 RICHMOND VA 23219-4625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-2465722** **APPLIED FOR** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SPIEGEL, JOHN W	
STREET ADDRESS	303 PEACHTREE ST., NE, 30TH FLOOR	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	O'HALLORAN, WILLIAM P JR.	
STREET ADDRESS	303 PEACHTREE ST., NE, 30TH FLOOR	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	BREEN, JAMES P JR.	
STREET ADDRESS	919 E. MAIN STREET	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	CSV	<input type="checkbox"/> Delete
NAME	HAGY, DAVID W	
STREET ADDRESS	919 E. MAIN STREET	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	EV	<input type="checkbox"/> Delete
NAME	GALLIENNE, SUSAN C	
STREET ADDRESS	919 E. MAIN STREET	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	EV	<input type="checkbox"/> Delete
NAME	TAYLOR, JERRY O	
STREET ADDRESS	919 E. MAIN STREET	
CITY-ST-ZIP	RICHMOND VA 23219	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hepner, Theodore J.	
STREET ADDRESS	200 South Orange Avenue	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coords, Robert H.	
STREET ADDRESS	Suite 3840, 303 Peachtree Street, N.E.	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1/31/00 (804) 782-5035

DATE: _____ DAYTIME PHONE: _____

David W. Hagy, Secretary

CR2E034 (9/99)