

# 2 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005073

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT - 12 PM 1:02

1. Entity Name  
**SunTrust Bank**

Principal Place of Business  
25 Park Place, NE  
Atlanta, GA 30303

Mailing Address  
25 Park Place, NE  
Atlanta, GA 30303

2. Principal Place of Business  
303 Peachtree St., NE  
Suite, Apt. #, etc.  
29th Floor, Suite 2950  
Atlanta, GA

3. Mailing Address  
Post Office Box 4418  
Suite, Apt. #, etc.  
Mail Code 643 Legal  
Atlanta, GA

4. FEI Number  
580466330

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

**REINSTATEMENT** *00*  
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Arther, Cathy Homa  
200 S. Orange Ave.  
Orlando, FL 32801

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

800003427868--1  
-10/17/00--01070--011  
\*\*\*\*750.FL \*\*\*\*750.00

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 *Cathy Homa Arther* Cathy Homa Arther October 11, 2000  
Signature, typed or printed name of registered agent and title if applicable (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	P	<input checked="" type="checkbox"/> Delete
NAME	Bullöck, Mary B. Dr.	
STREET ADDRESS	141 E. College Ave.	
CITY-ST-ZIP	Decatur, GA 30030-3797	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Glover, John T.	
STREET ADDRESS	4401 Northside Parkway	
CITY-ST-ZIP	Atlanta, GA 30327-3057	
TITLE	P/CEO/C/D	<input type="checkbox"/> Delete
NAME	Humann, L. Phillip	
STREET ADDRESS	303 Peachtree St., N.E.	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	Coan, Gaylord O.	
STREET ADDRESS	244 Perimeter Center Parkway NE	
CITY-ST-ZIP	Atlanta, GA 30301	
TITLE	V/S	<input checked="" type="checkbox"/> Delete
NAME	Bitler, Harold P.	
STREET ADDRESS	% 25 Park Place, NE	
CITY-ST-ZIP	Atlanta, GA 30303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Halloran, William P.	
STREET ADDRESS	303 Peachtree St. NE, 30th Floor	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fortin, Raymond D.	
STREET ADDRESS	303 Peachtree St., NE, 29th Floor	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heroman, Donald T.	
STREET ADDRESS	303 Peachtree St., NE, 30th Floor	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wood, Jenner E. III	
STREET ADDRESS	303 Peachtree St., NE, 30th Floor	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE	V/Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spiegel, John W.	
STREET ADDRESS	303 Peachtree St., NE, 30th Floor	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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: *Ray Fortin* Raymond D. Fortin 10/10/00 404/588-7165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

AD