

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002440

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC9068316280**

**Entity Name:** RELIANCE TRUST COMPANY

**Current Principal Place of Business:**

1100 ABERNATHY ROAD, SUITE 400  
ATLANTA, GA 30328

**Current Mailing Address:**

1100 ABERNATHY ROAD, SUITE 400  
ATLANTA, GA 30328 US

**FEI Number:** 58-1428634

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title SECRETARY  
Name STALLINGS, RONALD D.  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

Title TREASURER  
Name DAUGHTREY, VIRGINIA  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name WILLIAM, C HARLOW  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name SCHULZE, HORST H.  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name ROGALSKI, MICHAEL B.  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name RAHBARI, KAIVAN  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name MORRIS, JOSEPH A.  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name MOELING, WALTER G  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: RONALD D. STALLINGS**

**SECRETARY**

**04/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOAG, ERIK  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name GUTHRIE, ANTHONY A  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328