

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002440

**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

**FILED**  
**May 30, 2020**  
**Secretary of State**  
**6584482961CC**

*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 DIRECTOR  
Name DUVAL, BRIAN J.  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

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

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

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

Title PRESIDENT  
Name MCCABE, LUKE A.  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328

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

Title DIRECTOR  
Name MORRIS, JOSEPH  
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

**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:** CHARLES R. CURLEY JR

**SECRETARY**

**05/30/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title SECRETARY  
Name CURLEY, CHARLES R. JR  
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 TREASURER  
Name DAUGHTREY, VIRGINIA A.  
Address 1100 ABERNATHY ROAD, SUITE 400  
City-State-Zip: ATLANTA GA 30328