

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10829

**Entity Name:** SUNTRUST INVESTMENT SERVICES, INC.**Current Principal Place of Business:**303 PEACHTREE CENTER AVENUE  
SUITE 140  
ATLANTA, GA 30303**Current Mailing Address:**303 PEACHTREE ST. STE. 3200  
ATLANTA, GA 30308 US**FEI Number:** 58-1648698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIRECTOR  
Name HATTINK, WILLEM  
Address 303 PEACHTREE ST. STE. 3200  
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR  
Name MILLIGAN, JOHN  
Address 919 EAST MAIN STREET  
City-State-Zip: RICHMOND VA 23219

Title TREASURER  
Name RICH, SARAH  
Address 303 PEACHTREE ST NE - 5TH FLOOR  
City-State-Zip: ATLANTA GA 30308

Title SECRETARY  
Name DIXON, WILLIAM S  
Address 303 PEACHTREE CENTER AVE -  
SUITE 140  
City-State-Zip: ATLANTA GA 30303

Title DIRECTOR  
Name DIXON, WILLIAM S  
Address 303 PEACHTREE CENTER AVENUE,  
STE140  
City-State-Zip: ATLANTA GA 30303

Title DIRECTOR  
Name HECHTLINGER, SUSAN  
Address 303 PEACHTREE STREET, SUITE 3400  
City-State-Zip: ATLANTA GA 30308

Title ASST. SECRETARY  
Name FELDMAN, ANN S  
Address 303 PEACHTREE STREET, SUITE 3600  
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR  
Name DUKES, LAURA A  
Address 303 PEACHTREE STREET  
SUITE 3200  
City-State-Zip: ATLANTA GA 30308

**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:** ANN S FELDMAN

ASSISTANT SECRETARY 01/05/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 BOWDEN, TED  
Address             303 PEACHTREE CENTER AVENUE  
                       SUITE 140  
City-State-Zip:    ATLANTA GA 30303

Title                   DIRECTOR  
Name                 THOMPSON, JOSEPH M  
Address             303 PEACHTREE STREET  
                       SUITE 3200  
City-State-Zip:    ATLANTA GA 30308

Title                   PRESIDENT  
Name                 THOMPSON, JOSEPH M  
Address             303 PEACHTREE STREET  
                       SUITE 3200  
City-State-Zip:    ATLANTA GA 30308