

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90306 039 ***150.00

DOCUMENT # 305557

1. Entity Name
SUNTRUST BANK HOLDING COMPANY

Principal Place of Business 200 S. ORANGE AVE. ORLANDO FL 32801 US	Mailing Address P.O. BOX 2848 ORLANDO FL 32802 US
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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 59-1157887	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**HOMA-ARTHER, CATHY
 200 S ORANGE AVE., 10TH FLOOR
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent
 Name
ARTHER, CATHY HOMA
 Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Avenue, 9th Floor
 Mail Code 1093
 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 *Cathy Homa Arther* **CATHY HOMA-ARTHER** 4-13-01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D HUMANN, PHILIP L 303 PEACHTREE ST., N.E. ATLANTA GA 30308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEGEL, JOHN W 303 PEACHTREE ST., N.E. ATLANTA GA 30308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTIN, RAYMOND D 303 PEACHTREE ST., N.E. ATLANTA GA 30308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HODGSON, MARGARET U 303 PEACHTREE ST., N.E. ATLANTA GA 30308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO/P HUMANN, L. PHILIP 303 PEACHTREE ST., NE, 30th FLOOR ATLANTA, GA 30308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VC SPIEGEL, JOHN W. 303 PEACHTREE ST., NE, 30th FLOOR ATLANTA, GA 30308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/AS FORTIN, RAYMOND D. 303 PEACHTREE ST., N.E. 29th FLOOR ATLANTA, GA 30308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S HODGSON, MARGARET U. 303 PEACHTREE ST., NE, 29th FLOOR ATLANTA, GA 30308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/AS ARRIETA, JORGE 303 PEACHTREE ST., NE, 5th FLOOR ATLANTA, GA 30308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Margaret U. Hodgson* **MARGARET U. HODGSON** 4-10-01 404-588-8522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)