

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 406267 (5)
1. Corporation Name
SUNTRUST SERVICE CORPORATION

Principal Place of Business 250 PIEDMONT AVENUE, CTR 4023 PO BOX 4418 ATLANTA GA 30302	Mailing Address 250 PIEDMONT AVENUE, CTR 4023 PO BOX 4418 ATLANTA GA 30302
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/04/1972	
				4. FEI Number 59-1406268	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THORPE, JANET C. 200 S. ORANGE AVE. ORLANDO FL 32801				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ASH, THOMAS 250 PIEDMONT AVE ATLANTA GA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CEO Whitehead, Robert 250 Piedmont Avenue Atlanta GA 30302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WHITEHEAD, ROBERT 250 PIEDMONT AVENUE ATLANTA GA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	EVP Kammy Lowell 250 Piedmont Avenue Atlanta, GA 30302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HORTON, ROBERT 250 PIEDMONT AVE ATLANTA GA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	EVP Lee, James 250 Piedmont Avenue Atlanta, GA 30302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAKANT, KENNETH L. 250 PIEDMONT AVE. ATLANTA GA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer & CFO Petty, Robert 250 Piedmont Avenue Atlanta, GA 30302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SPIEGEL, JOHN W. 25 PARK PLACE, NE ATLANTA GA	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUSTICE, JAMIE 250 PIEDMONT AVE ATLANTA GA	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	800002469118 -03/26/98--01007--018 ***150.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____