

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90014 003 ***300.00

DOCUMENT # 406267
Corporation Name
SUNTRUST SERVICE CORPORATION

Principal Place of Business
PIEDMONT AVENUE, CTR 4023
BOX 4418
GA 30302

Mailing Address
250 PIEDMONT AVENUE, CTR 4023
PO BOX 4418
ATLANTA GA 30302

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/04/1972	
City & State		City & State		4. FEI Number	
Zip		Zip		59-1406268	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
THORPE, JANET C.		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
200 S. ORANGE AVE.		82 Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/> \$5.00 May Be Added to Fees	
ORLANDO FL 32801		83		6. Election Campaign Financing	
		84 City		Trust Fund Contribution	
		FL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		85 Zip Code		8. This corporation owes the current year Intangible Personal Property Tax.	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	WHITEHEAD, ROBERT	1.2 NAME	
STREET ADDRESS	250 PIEDMONT AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30302	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	
NAME	KAMM, LOWELL	2.2 NAME	
STREET ADDRESS	250 PIEDMONT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30302	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	EVP
NAME	LEE, JAMES	3.2 NAME	Mike Hartness
STREET ADDRESS	250 PIEDMONT AVENUE	3.3 STREET ADDRESS	250 Piedmont Avenue
CITY-ST-ZIP	ATLANTA GA 30302	3.4 CITY-ST-ZIP	Atlanta, GA 30302
TITLE	TCFO	4.1 TITLE	TCFO
NAME	PETTY, ROBERT	4.2 NAME	Tom Moore
STREET ADDRESS	250 PIEDMONT AVENUE	4.3 STREET ADDRESS	250 Piedmont Avenue
CITY-ST-ZIP	ATLANTA GA 30302	4.4 CITY-ST-ZIP	Atlanta, GA 30302
TITLE	C	5.1 TITLE	
NAME	SPIEGEL, JOHN W.	5.2 NAME	
STREET ADDRESS	25 PARK PLACE, NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	JUSTICE, JAMIE	6.2 NAME	
STREET ADDRESS	250 PIEDMONT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

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, with all other like empowered.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

404/827-6097

CR2E034 (11/98)