FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:19

DOCUMENT # **845620** **(4)**

1. Corporation Name
SUNTRUST MORTGAGE, INC.

Principal Place of Business	Mailing Address
360 INTERSTATE NORTH PARKWAY SUITE 600 ATLANTA GA 30339 US	P O BOX 4333 ATLANTA GA 30302 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/01/1980**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **58-0132920** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THORPE, JANET
200 S. ORANGE AVE.
SUN BANK N.A., 10TH FLOOR LEGAL DEPT.
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	D	11 TITLE		☐ Change ☐ Addition
NAME	HUMANN, L PHILLIP	12 NAME		
STREET ADDRESS	25 PARK PLACE, N E	13 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	14 CITY - ST - ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	HEARN, ROBERT W., JR.	22 NAME		
STREET ADDRESS	360 INTERSTATE N PKW, STE 600	23 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	24 CITY - ST - ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	HOLLISTER, JOHN	32 NAME		
STREET ADDRESS	25 PARK PLACE NE	33 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	34 CITY - ST - ZIP		
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	SMITH, J. CARLTON	42 NAME		
STREET ADDRESS	360 INTERST. N. PARKWAY	43 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	44 CITY - ST - ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SPIEGEL, JOHN W.	52 NAME		
STREET ADDRESS	25 PARK PL, NE	53 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	54 CITY - ST - ZIP		
TITLE	Director	61 TITLE		☐ Change ☐ Addition
NAME	Downing, Donald S.	62 NAME		
STREET ADDRESS	25 Park Place, N. E.	63 STREET ADDRESS		
CITY ST ZIP	Atlanta, Georgia	64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John C. Hollister 3/27/95 404-588-8594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000845 CP