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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 845620

(4)

1. Corporation Name
SUNTRUST MORTGAGE, INC.

Principal Place of Business

380 INTERSTATE NORTH PARKWAY
SUITE 600
ATLANTA GA 30330
US

Mailing Address

P O BOX 4333
ATLANTA GA 30302-4333
US



3. Date Incorporated or Qualified

04/01/1980

3a. Date of Last Report

02/09/1996

2. Principal Place of Business

21 211 Perimeter Center Parkway

Suite, Apt. #, etc.

22 City & State

23 Atlanta, GA

24 Zip

30346

Country

US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30346

Country

US

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

XX 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D HUMAN, L. PHILLIP

NAME
STREET ADDRESS
CITY - ST - ZIP
25 PARK PLACE, N E
ATLANTA GA

TITLE PD HEARN, ROBERT W., JR.

NAME
STREET ADDRESS
CITY - ST - ZIP
380 INTERSTATE N PKW, STE 600
ATLANTA GA

TITLE S HOLLISTER, JOHN

NAME
STREET ADDRESS
CITY - ST - ZIP
25 PARK PLACE NE
ATLANTA GA

TITLE VT SMITH, J. CARLTON

NAME
STREET ADDRESS
CITY - ST - ZIP
380 INTERST. N. PARKWAY
ATLANTA GA

TITLE D SPIEGEL, JOHN W.

NAME
STREET ADDRESS
CITY - ST - ZIP
25 PARK PL, NE
ATLANTA GA

TITLE D DOWNING, DONALD S.

NAME
STREET ADDRESS
CITY - ST - ZIP
25 PARK PLACE, N. E.
ATLANTA GE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
303 Peachtree Street, N.E.
Atlanta, GA 30308

2.1 TITLE PD Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Ralph B. Carrigan
211 Perimeter Center Parkway
Atlanta, GA 30346

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
EVPT
John A. Taylor
211 Perimeter Center Parkway
Atlanta, GA 30346

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
D Chairman
303 Peachtree Street, N.E.
Atlanta, GA 30308

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
303 Peachtree Street, N.E.
Atlanta, GA 30308

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
303 Peachtree Street, N.E.
Atlanta, GA 30308

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Hollister Feb 3, 1997 404/5888594

CR2E034 (9/96)