

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91165 041 ***150.00

DOCUMENT # F00000006591

1. Entity Name

SUNTRUST-INSURANCE SERVICES, INC.

Principal Place of Business

25 Park Place
 23rd Floor
 Atlanta, GA 30303

Mailing Address

25 Park Place
 23rd Floor
 Atlanta, GA 30303

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2326680**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOMA-ARTHUR, CATHY
 200 SOUTH ORANGE AVENUE
 ORLANDO, FL 32801 US

7. Name and Address of New Registered Agent

Name **ARTHER, CATHY HOMA**
 Street Address (P.O. Box Number is Not Acceptable)
200S ORANGE AVE., 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 ARTHUR

4-25-01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	C	<input type="checkbox"/> Delete
NAME	KINSEY, MICHAEL A	
STREET ADDRESS	303 PEACHTREE ST, NE, 44TH FLOOR	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BAKER, WALLACE L	
STREET ADDRESS	303 PEACHTREE ST, NE, 44TH FLOOR	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JR, JAMES A.	
STREET ADDRESS	25 PARK PLACE 23RD FLOOR	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, CLARK R	
STREET ADDRESS	25 PARK PLACE 23RD FLOOR	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAHOON, JOSEPH W	
STREET ADDRESS	25 PARK PLACE 23RD FLOOR	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	VELLANI, MEHBOOB	
STREET ADDRESS	303 PEACHTREE STREET, NE, 5TH FL	
CITY-ST-ZIP	ATLANTA, GA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30308	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMSEY, ANN	
STREET ADDRESS	303 PEACHTREE ST, NE, 29TH FLOOR	
CITY-ST-ZIP	ATLANTA, GA 30308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JIMMY O	
STREET ADDRESS	200 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, EDWARD B	
STREET ADDRESS	25 PARK PLACE, 3RD FLOOR	
CITY-ST-ZIP	ATLANTA, GA 30303	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30308	

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

Ann Kimsey

ANN KIMSEY

4-23-01

DATE

404-724-3552

DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)