

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90030 033 \*\*\*150.00

0563088 AT

**DOCUMENT # F00000006591**

1. Entity Name  
**SUNTRUST INSURANCE SERVICES, INC.**

Principal Place of Business Mailing Address  
**25 PARK PLACE, 23RD FL** **25 PARK PLACE, 23RD FL**  
**ATLANTA GA 30303** **ATLANTA GA 30303**

2. Principal Place of Business 3. Mailing Address  
**303 Peachtree Street NE** **303 Peachtree Street NE**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**11th Floor** **11th Floor**

City & State City & State  
**Atlanta, GA** **Atlanta, GA**

Zip Country Zip Country  
**30308 USA** **30308 USA**

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

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>KINSEY, MICHAEL A</b> <b>303 PEACHTREE ST., NE 44TH FL</b> <b>ATLANTA GA 30308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KIMSEY, ANN</b> <b>303 PEACHTREE ST., NE 44TH FL</b> <b>ATLANTA GA 30308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, JIMMY O</b> <b>200 SOUTH ORANVE AVE</b> <b>ORLANDO FL 32802</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>THOMPSON, CLARK R</b> <b>25 PARK PLACE 23RD FL</b> <b>ATLANTA GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAMES, EDWARD B</b> <b>25 PARK PLACE 23RD FL</b> <b>ATLANTA GA 30303</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>VELLANI, MEHBOOB</b> <b>303 PEACHTREE STREET, NE, 5TH FL</b> <b>ATLANTA GA 30308</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>303 PEACHTREE ST, NE, 11TH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>303 PEACHTREE ST, NE, 29TH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SV</b> <b>MCLAUGHLIN, DAVID</b> <b>303 PEACHTREE ST, NE, 11TH FL</b> <b>ATLANTA GA 30308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SV</b> <b>303 PEACHTREE ST, NE</b> <b>ATLANTA GA 30308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JAMES, EDWARD B, JR</b> <b>One Park Place NE 3rd FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/19/02

Daytime Phone #: 404.724.3552

CR2E034 (9/01)

Attachment

SUNTRUST INSURANCE SERVICES, INC.  
OFFICERS AND DIRECTORS  
(continued)

# F00000006591  
759968

D  
DAVISON, WILLIAM H  
120 S RIDGEWOOD AVE  
DAYTONA BEACH FL 32114

D  
PATTERSON, DENNIS M  
303 PEACHTREE ST., NE 30<sup>TH</sup> FL  
~~ATLANTA GA 30308~~

V  
BAKER, WALLACE LINK  
303 PEACHTREE CENTER AVE NE 3<sup>RD</sup> FL  
ATLANTA GA 30303

V  
STATON, BILL  
200 S ORANGE AVE 3<sup>RD</sup> FL  
ORLANDO FL 32801

V  
SANGER, CATHLEEN L.  
1001 SEMMES AVE 5<sup>TH</sup> FL  
RICHMOND VA 23224