


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90197 014 ***150.00

DOCUMENT # F0000006591			
1. Entity Name SUNTRUST INSURANCE SERVICES, INC.			
Principal Place of Business 303 PEACHTREE STREET NE 11TH FLOOR ATLANTA, GA 30308		Mailing Address 303 PEACHTREE STREET NE 11TH FLOOR ATLANTA, GA 30308	
2. Principal Place of Business 303 Peachtree Center Ave.		3. Mailing Address 303 Peachtree Center Ave.	
Suite, Apt. #, etc. Suite 140		Suite, Apt. #, etc. Suite 140	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30303	Country US	Zip 30303	Country US
6. Name and Address of Current Registered Agent HOMA-ARTHUR, CATHY 200 SOUTH ORANGE AVENUE ORLANDO, FL 32801		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KINSEY, MICHAEL A 303 PEACHTREE STREET, 24TH FLOOR ATLANTA, GA 30308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP Peter G. Bielan 303 Peachtree Center Ave., Suite 140 Atlanta, GA 30303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIMSEY, ANN 303 PEACHTREE CENTER AVE., STE. 140 ATLANTA, GA 30308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MCLAUGHLIN, DAVID 303 PEACHTREE STREET, 24TH FLOOR ATLANTA, GA 30308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, WALLACE L 303 PEACHTREE CENTER AVE., N.E., 3RD FLOOR ATLANTA, GA 30308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, EDWARD B JR ONE PARK PLACE NE 3RD FL ATLANTA, GA 30303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VELLANI, MEHBOOB 303 PEACHTREE STREET, NE, 5TH FL ATLANTA, GA 30308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Georgett B. Dickinson 303 Peachtree Street NE, 29th Fl Atlanta, GA 30308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Georgett B. Dickinson</i>		Georgett B. Dickinson <i>4/28/04</i> 404-588-8627	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

Attachment

54044584

SunTrust Insurance Services, Inc.

#F0000006591

Attachment to 2004 For Profit Corporation Annual Report

Principal Officers

Peter G. Bielan
President, Chairman of the Board and CEO
303 Peachtree Center Avenue, Suite 140
Atlanta, Georgia 30303-1279

Ann T. Kimsey
Vice President and Compliance Officer
303 Peachtree Center Avenue, Suite 140
Atlanta, Georgia 30303-1279

Thomas E. Panther
Treasurer
303 Peachtree Street, NE, 8th Floor
Atlanta, Georgia 30308

Georgett B. Dickinson
Secretary
303 Peachtree Street, NE, 29th Floor
Atlanta, Georgia 30308

Directors

Peter G. Bielan
303 Peachtree Center Avenue, Suite 140
Atlanta, Georgia 30303-1279

William J. Hearn, Jr.
303 Peachtree Street, NE, 15th Floor
Atlanta, Georgia 30308

William H. Rogers, Jr.
303 Peachtree Street, NE, 30th Floor
Atlanta, Georgia 30308

Paul C. Field
303 Peachtree Center Avenue, Suite 300
Atlanta, Georgia 30303-1280

Howard C. Williams
303 Peachtree Street, NE, 3rd Floor
Atlanta, Georgia 30308