

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006591

FILED
Mar 11, 2008
Secretary of State

Entity Name: SUNTRUST INSURANCE SERVICES, INC.

Current Principal Place of Business:

303 PEACHTREE CENTER AVE STE 140
ATLANTA, GA 30303

New Principal Place of Business:

303 PEACHTREE CENTER AVE
STE 140
ATLANTA, GA 30303

Current Mailing Address:

303 PEACHTREE CENTER AVE STE 140
ATLANTA, GA 30303

New Mailing Address:

303 PEACHTREE CENTER AVE/ STE 140
C/O PAM HARPS
ATLANTA, GA 30303

FEI Number: 58-2326680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: SWEIGART, DAVID V
Address: ONE PARK PLACE NE - MC:460
City-St-Zip: ATLANTA, GA 30303

Title: SEC () Delete
Name: VELLANI, MEHBOOB
Address: 303 PEACHTREE STREET NE - 5TH FL
City-St-Zip: ATLANTA, GA 30308

Title: VP () Delete
Name: JAMISON, DEBORAH A
Address: 303 PEACHTREE ST. NE - 7TH FL
City-St-Zip: ATLANTA, GA 30308

Title: VP () Delete
Name: RICHARDSON, CHRISTINA A
Address: 303 PEACHTREE CENTER AVE - STE 140
City-St-Zip: ATLANTA, GA 30303

Title: VP () Delete
Name: RUEVE, RONALD K
Address: 303 PEACHTREE ST., NE - 7TH FL
City-St-Zip: ATLANTA, GA 30308

Title: VP () Delete
Name: WEAVER, GREG
Address: 303 PEACHTREE ST. NE
City-St-Zip: ATLANTA, GA 30308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEHBOOB VELLANI

SEC

03/11/2008

Electronic Signature of Signing Officer or Director

Date