

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 01, 2008  
Secretary of State**

DOCUMENT# F00000006591

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:****Current Mailing Address:**303 PEACHTREE CENTER AVE/ STE 140  
C/O PAM HARPS  
ATLANTA, GA 30303**New Mailing Address:**

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:**PENNINGTON, LAURIE A  
200 SOUTH ORANGE AVE. - 9TH FL  
MC: (FL-ORLANDO-1093)  
ORLANDO, FL 32801 US

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: LAURIE A. PENNINGTON

08/01/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: CEOP ( ) Delete  
Name: SWEIGART, DAVID V  
Address: ONE PARK PLACE NE - MC:460  
City-St-Zip: ATLANTA, GA 30303Title: SEC ( ) Delete  
Name: VELLANI, MEHBOOB  
Address: 303 PEACHTREE STREET NE - 5TH FL  
City-St-Zip: ATLANTA, GA 30308Title: VP ( ) Delete  
Name: JAMISON, DEBORAH A  
Address: 303 PEACHTREE ST. NE - 7TH FL  
City-St-Zip: ATLANTA, GA 30308Title: VP ( ) Delete  
Name: RICHARDSON, CHRISTINA A  
Address: 303 PEACHTREE CENTER AVE - STE 140  
City-St-Zip: ATLANTA, GA 30303Title: VP ( ) Delete  
Name: RUEVE, RONALD K  
Address: 303 PEACHTREE ST., NE - 7TH FL  
City-St-Zip: ATLANTA, GA 30308Title: 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

08/01/2008

Electronic Signature of Signing Officer or Director

Date