

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90123 048 \*\*\*150.00

0625344 AT

**DOCUMENT # F00000006591**


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**

**11029102**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **58-2326680**

Applied For  
 Not Applicable

Zip Country

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**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	DC KINSEY, MICHAEL A	<input type="checkbox"/> Delete
STREET ADDRESS	303 PEACHTREE ST NE 11TH FL	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE NAME	V KIMSEY, ANN	<input type="checkbox"/> Delete
STREET ADDRESS	303 PEACHTREE ST NE 29TH FL	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE NAME	SV MCLAUGHLIN, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	303 PEACHTREE ST NE 11TH FL	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE NAME	SV THOMPSON, CLARK R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	303 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE NAME	D JAMES, EDWARD B JR	<input type="checkbox"/> Delete
STREET ADDRESS	ONE PARK PLACE NE 3RD FL	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE NAME	ST VELLANI, MEHBOOB	<input type="checkbox"/> Delete
STREET ADDRESS	303 PEACHTREE STREET, NE, 5TH FL	
CITY-ST-ZIP	ATLANTA GA 30308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	303 Peachtree St, NE, 24th Floor	
CITY-ST-ZIP	Atlanta, GA 30308-3201	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	303 Peachtree Center Avenue, Suite 140	
CITY-ST-ZIP	Atlanta, GA 30303	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	303 Peachtree St, NE, 24th Floor	
CITY-ST-ZIP	Atlanta, GA 30308-3201	
TITLE NAME	V Baker, Wallace Link	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	303 Peachtree Center Avenue, NE, 3rd Floor	
CITY-ST-ZIP	Atlanta, GA 30303-1270	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** *Me/25/03* *72-3842*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Mehboob Vellani**

Date Daytime Phone #

CR2E034 (10/02)