

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004520 (2)**

1. Corporation Name  
**SUNTRUST CAPITAL MARKETS, INC.**



Principal Place of Business: **25 PARK PLACE, NE ATLANTA GA 30303**  
Mailing Address: **25 PARK PLACE, NE ATLANTA GA 30303**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/30/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>58-2109565</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>THORPE, JANET C SUN BANKS, INC. 200 SOUTH ORANGE AVENUE ORLANDO FL 32801</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when removing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MADDEN, BERT C 25 PARK PLACE, NE ATLANTA GA	1.1 TITLE	PD R. Charles Shufeldt 25 Park Place, N.E. Atlanta, GA 30303
NAME	VD ADAMS JR, JOHN P 25 PARK PLACE, NE ATLANTA GA	2.1 TITLE	V Paul S. White 25 Park Place, N.E. Atlanta, GA 30303
STREET ADDRESS	S DICKINSON, GEORGETT 25 PARK PLACE, NE ATLANTA GA	2.2 NAME	VD GARRETT P. Smith 25 Park Place, N.E. Atlanta, GA 30303
CITY-ST-ZIP	T SIMPSON, DAVE A 25 PARK PLACE, NE ATLANTA GA	3.1 TITLE	V J. Mitchell Grant 25 Park Place, N.E. Atlanta, GA 30303
CITY-ST-ZIP	D WOOD III, E J 25 PARK PLACE, NE ATLANTA GA	4.1 TITLE	
CITY-ST-ZIP	D SPIEGEL, JOHN W 25 PARK PLACE, NE ATLANTA GA	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Denise Skinner* **VP** Date: **4/4/96** (404) 724-2684

CR2E034 (12/95)