

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**  
1. Corporation Name

F94000004520

**SunTrust Capital Markets, Inc.**

Principal Place of Business: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

2. Principal Place of Business	2a. Mailing Address
21 <b>303 Peachtree Street, NE</b>	25 <b>303 Peachtree Street, NE</b>
22 Suite, Apt. #, etc. <b>24th Floor</b>	27 Suite, Apt. #, etc. <b>24th Floor</b>
23 City & State <b>Atlanta, Georgia</b>	28 City & State <b>Atlanta, Georgia</b>
24 Zip <b>30308</b>	29 Zip <b>30308</b>
25 Country <b>U.S.A.</b>	30 Country <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>8/30/94</b>	3a. Date of Last Report <b>April, 1996</b>
4. FEI Number <b>58-2109565</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**Janet C. Thorpe**  
**200 South Orange Avenue**  
**Mail Code 2103**  
**Orlando, Florida 32801**

**10. Name and Address of New Registered Agent**

01 Name	02 Street Address (P.O. Box Number is Not Acceptable)	03	04 City	05 Zip Code
			<b>FL</b>	

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 reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS**

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>P/D</b>
13 STREET ADDRESS	<b>R. Charles Shufeldt</b>
14 CITY-STATE-ZIP	<b>303 Peachtree Street, NE, 24th Floor</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Denise H. Skinner</b>
23 STREET ADDRESS	<b>303 Peachtree Street, NE, 24th Floor</b>
24 CITY-STATE-ZIP	<b>Atlanta, GA 30308</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>S</b>
33 STREET ADDRESS	<b>Georgett B. Dickinson</b>
34 CITY-STATE-ZIP	<b>303 Peachtree Street, NE, 30th Floor</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>D</b>
43 STREET ADDRESS	<b>E. Jenner Wood, III</b>
44 CITY-STATE-ZIP	<b>303 Peachtree Street, NE, 30th Floor</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>D</b>
53 STREET ADDRESS	<b>John W. Spiegel</b>
54 CITY-STATE-ZIP	<b>303 Peachtree Street, NE, 30th Floor</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>500002152605</b>
63 STREET ADDRESS	<b>-04/23/97--01100--009</b>
64 CITY-STATE-ZIP	<b>***165.00</b>

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. 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. I changed or on an attachment with an address.

**SIGNATURE:** *Georgett B. Dickinson* **Georgett B. Dickinson** **April 16, 1997** **(404)588-8627**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)