FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am DOCUMENT # F95000005064 **Secretary of State** 1. Entity Name SUNTRUST PERSONAL LOANS, INC. 03-05-2001 90316 035 ***150.00 Principal Place of Business Mailing Address 1945 THE EXCHANGE P O BOX 4418 SUITE 200 CENTER 760 144000 ATLANTA GA 30339 ATLANTA GA 30302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2180240 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Arther, Cathy Homa ARTHER, CATHY H Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE., SOAB-10 ORLANDO FL 32801 200 S. Orange Ave., SOAB-10 Zip Code 32801 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Fixtancing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change ※ Addition AVERY, PARKS W JR Pregmon, Mark NAME NAME STREET ADDRESS 1945 THE EXCHANGE SUITE 200 STREET ADDRESS 303 Peachtree St., NE, Center 0645 CITY-ST-ZIP ATLANTA GA 30339-2829 CITY-ST-ZIP Atlanta, GA 30308 ☐ Delete ☐ Change TITLE TITLE COZZONE, ROBERT NAME NAME Wood, Jenner STREET ADDRESS 55 PARK PLACE NE, CENTER 044 STREET ADDRESS 1 Park Place, NE, Center 0028 CITY-ST-ZIP ATLANTA GA 30303 CITY-ST-ZIP Atlanta, GA 30303 TITLE - XI. Delete TITLE HOLLISTER, JOHN C NAME Reynolds, Keith W. NAME STREET ADDRESS 25 PARK PLACE, NE, CENTER 662 STREET ADDRESS 303 Peachtree St., NE, Center 0643 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30303 Atlanta, GA 30308 TITLE x Delete TITLE Change Addition NAME HUNTER, RUSSELL NAME Gilliland, Carolyn STREET ADDRESS STREET ADDRESS 303 PEACHTREE ST. NE, CTR 033 58 Edgewood Avenue, Center 0033 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30308 <u> Atlanta, GA 30303</u> TITLE Delete TITLE ☐ Change ☐ Addition CLINE, WYNN E STREET ADDRESS 55 PARK PLACE, NE, CENTER 044 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30303 D ☐ Delete ☐ Addition TITLE LONG, ROBERT R NAME STREET ADDRESS 1 PARK PLACE NE. CENTER 662 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30303 13. 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 11 or Block 12 if

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

2-27-01

404/588-8616