2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90075 019 ***150.00

DOCUMENT # 020802? 5864 F95000005064

1. Entity Name
SUNTRUST PERSONAL LOANS, INC.

Principal Place of Business	Mailing Address
1945 THE EXCHANGE SUITE 200 ATLANTA GA 30339 US	P O BOX 4418 CENTER 760 ATLANTA GA 30302 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1785 THE EXCHANGE	SAME
Suite, Apt. #, etc. Suite 360	Suite, Apt. # etc.
City & State ATLANTA, Georgia	City & State
Zip 30339	Country USA
	Zip
	Country

4. FEI Number 58-2180240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARTHER, CATHY H 200 S. ORANGE AVE., SOAB-10 ORLANDO FL 32801	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AVERY, PARKS W JR 1945 THE EXCHANGE SUITE 200 ATLANTA GA 30339-2829	☒ Delete	President Frank Anderson 1785 The Exchange Atlanta GA 30339	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REYNOLDS, KEITH W 303 PEACHTREE ST., NE, CENTER 0643 ATLANTA GA 30308	☒ Delete	VICE PRESIDENT DAVID A. MOYER 1785 THE EXCHANGE ATLANTA, GA 30339	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PREGMON, MARK 303 PEACHTREE ST., NE., CENTER 0645 ATLANTA GA 30308	☐ Delete OK		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, JENNER 1 PARK PLACE, NE, CENTER 0028 ATLANTA GA 30303	☐ Delete OK		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLINE, WYNN E 55 PARK PLACE, NE, CENTER 044 ATLANTA GA 30303	☐ Delete	ERNEST HALE VICE PRES. 1785 THE EXCHANGE ATLANTA, GA 30339	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, ROBERT R 1 PARK PLACE NE, CENTER 662 ATLANTA GA 30303	☒ Delete	DIRECTOR GAY ABBOTT 1785 The Exchange ATLANTA, GA 30339	☒ Change ☐ Addition

CR2E034 (9/01)

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

SIGNATURE: DAVID A. MOYER / David A. Moyer V.P. 1-25-02 7706922485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #