

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90025 002 \*\*\*150.00

<b>DOCUMENT # F97000005920</b>			
<b>1. Entity Name</b> SUNTRUST LEASING CORPORATION			
<b>Principal Place of Business</b> 29 W SUSQUEHANNA AVE STE 400 BALTIMORE, MD 21204 US		<b>Mailing Address</b> 29 W SUSQUEHANNA AVE SUITE 400 BALTIMORE, MD 21204 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 300 E Joppa Road Suite, Apt. #, etc. 700 City & State Towson, MD Zip 21286 Country USA		<b>3. Mailing Address</b> 300 E Joppa Road Suite, Apt. #, etc. 700 City & State Towson, MD Zip 21286 Country USA	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PD <b>NAME</b> MCKEW, DANIEL <b>STREET ADDRESS</b> 29 W SUSQUEHANNA AVE STE 400 <b>CITY-ST-ZIP</b> BALTIMORE, MD 21204	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> SVP <b>NAME</b> John H. Beville <b>STREET ADDRESS</b> 25 Park Place, 25th Floor <b>CITY-ST-ZIP</b> Atlanta, GA 30303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> POWERS, MICHAEL <b>STREET ADDRESS</b> 29 W SUSQUEHANNA AVE STE 400 <b>CITY-ST-ZIP</b> BALTIMORE, MD 21204	<input type="checkbox"/> Delete	<b>TITLE</b> SVP <b>NAME</b> John H. Beville <b>STREET ADDRESS</b> 25 Park Place, 25th Floor <b>CITY-ST-ZIP</b> Atlanta, GA 30303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VPSC <b>NAME</b> BINKLEY, LARRY <b>STREET ADDRESS</b> 29 W SUSQUEHANNA AVE STE 400 <b>CITY-ST-ZIP</b> BALTIMORE, MD 21204	<input type="checkbox"/> Delete	<b>TITLE</b> SVP <b>NAME</b> John H. Beville <b>STREET ADDRESS</b> 25 Park Place, 25th Floor <b>CITY-ST-ZIP</b> Atlanta, GA 30303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> SHUFELDT, CHARLES <b>STREET ADDRESS</b> 303 PEACHTREE ST NE 4TH FL <b>CITY-ST-ZIP</b> ATLANTA, GA 30308	<input type="checkbox"/> Delete	<b>TITLE</b> SVP <b>NAME</b> John H. Beville <b>STREET ADDRESS</b> 25 Park Place, 25th Floor <b>CITY-ST-ZIP</b> Atlanta, GA 30303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> HILL, CHARLES T <b>STREET ADDRESS</b> 919 E. MAIN ST. <b>CITY-ST-ZIP</b> RICHMOND, VA 23219	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> SVP <b>NAME</b> John H. Beville <b>STREET ADDRESS</b> 25 Park Place, 25th Floor <b>CITY-ST-ZIP</b> Atlanta, GA 30303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> O <b>NAME</b> HANDY, ANNE M <b>STREET ADDRESS</b> 29 W SUSQUEHANNA AVE <b>CITY-ST-ZIP</b> TOWSON, MD 21204	<input type="checkbox"/> Delete	<b>TITLE</b> SVP <b>NAME</b> John H. Beville <b>STREET ADDRESS</b> 25 Park Place, 25th Floor <b>CITY-ST-ZIP</b> Atlanta, GA 30303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>5/10/07</b> <b>410-307-6655</b> <small>Date Daytime Phone #</small>	