


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # F97000005920
1. Entity Name
SUNTRUST LEASING CORPORATION



Principal Place of Business Mailing Address
300 E. JOPPA ROAD 300 E. JOPPA ROAD
SUITE 700 SUITE 700
TOWSON, MD 21286 US TOWSON, MD 21286 US

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-0904325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKEW, DANIEL 300 E. JOPPA RD. SUITE 700 TOWSON, MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWERS, MICHAEL 300 E. JOPPA RD. SUITE 700 TOWSON, MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC BINKLEY, LARRY 300 E. JOPPA RD. SUITE 700 TOWSON, MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUFELDT, CHARLES 303 PEACHTREE ST NE 4TH FL ATLANTA, GA 30308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BEUILLE, JOHN 25 PARK PLACE 25TH FLOOR ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HANDY, ANNE M 300 E. JOPPA RD. SUITE 700 TOWSON, MD 21286

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04/28/08-80008-013 150.00

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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

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08 410-307-6655
Date Daytime Phone #