

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90960 008 ***150.00

DOCUMENT # F97000006667

1. Entity Name

SUNTRUST EQUITABLE SECURITIES CORPORATION

Principal Place of Business

Mailing Address

800 NASHVILLE CITY CENTER
 511 UNION STREET
 NASHVILLE TN 37219

800 NASHVILLE CITY CENTER
 511 UNION STREET
 NASHVILLE TN 37219-1733

2. Principal Place of Business

303 Peachtree St.

3. Mailing Address

303 Peachtree St.

Suite, Apt. #, etc.

24th Floor

Suite, Apt. #, etc.

24th Floor

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30308

Country

USA

Zip

30308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-0871146

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

THORPE, JANET C
 200 SOUTH ORANGE AVENUE
 MAIL CODE 2103
 ORLANDO FL 32801

Name Cathy Homa-Arther

Street Address (P.O. Box Number is Not Acceptable)

200 South Orange Ave., 10th Floor

City

Orlando

FL

Zip Code 32801

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

Cathy Homa Arther

4-25-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 | CEOD | <input type="checkbox"/> Delete |
| NAME | JOHNSON, WILLIAM P | |
| STREET ADDRESS | 511 UNION STREET, 800 NASHVILLE CITY CTR | |
| CITY-ST-ZIP | NASHVILLE TN 37219 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GAMBILL, KATIE H | |
| STREET ADDRESS | 511 UNION STREET, 800 NASHVILLE CITY CTR | |
| CITY-ST-ZIP | NASHVILLE TN 37219 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DICKINSON, GEORGETT B | |
| STREET ADDRESS | 303 PEACHTREE STREET, N.E. 30TH FLOOR | |
| CITY-ST-ZIP | ATLANTA GA 30308 | |
| TITLE | MD | <input checked="" type="checkbox"/> Delete |
| NAME | FARRELL-LAQUA, TAMARA | |
| STREET ADDRESS | 303 PEACHTREE STREET, N.E., 24 FLOOR | |
| CITY-ST-ZIP | ATLANTA GA 30308 | |
| TITLE | DMD | <input type="checkbox"/> Delete |
| NAME | WHITE, PAUL S | |
| STREET ADDRESS | 303 PEACHTREE ST. NE. 24TH FLOOR | |
| CITY-ST-ZIP | ATLANTA GA 30308 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | CAMMACK, WILLIAM H | |
| STREET ADDRESS | 511 UNION STREET, 800 NASHVILLE CITY CTR | |
| CITY-ST-ZIP | NASHVILLE TN 37219 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 38th Floor | |
| CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Deasy, Laura | |
| STREET ADDRESS | 303 Peachtree St., 25th Floor | |
| CITY-ST-ZIP | Atlanta, GA 30308 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CEO/D | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 empowered.

SIGNATURE:

Georgett B. Dickinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgett B. Dickinson

4/24/00

404-588-8627

Daytime Phone #

CR2E034 (9/99)