2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91297 030 ***150.00

DOCUMENT # F97000006667

1. Entity Name
SUNTRUST CAPITAL MARKETS, INC.

11023931

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
303 PEACHTREE STREET NE 24TH FLOOR ATLANTA, GA 30308	303 PEACHTREE STREET NE 24TH FLOOR ATLANTA, GA 30308

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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
HOMA-ARTHER, CATHY 200 S ORANGE AVE 9TH FLOOR MAIL CODE 1093 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROGERS, WILLIAM JR		NAME	
STREET ADDRESS	303 PEACHTREE ST, NE, 30TH FL		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30308		CITY-ST-ZIP	
TITLE	CD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLAY, JOHN W JR		NAME	
STREET ADDRESS	303 PEACHTREE ST NE 30TH FL		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30308		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DICKINSON, GEORGETT B		NAME	
STREET ADDRESS	303 PEACHTREE ST NE 29TH FL		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30308		CITY-ST-ZIP	
TITLE	DM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EIDSON, DAVID H		NAME	
STREET ADDRESS	303 PEACHTREE ST, NE, 24TH FL		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30308		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHUFELDT, R.CHARLES		NAME	
STREET ADDRESS	303 PEACHTREE ST NE 4TH FL		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30308		CITY-ST-ZIP	
TITLE	MDD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAYDEN, MARTIN TED		NAME	
STREET ADDRESS	511 UNION STREET, 800 NASHVILLE CITY CTR		STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 37219		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Georgett B. Dickinson 4/24/03 404-588-7827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Georgett B. Dickinson