

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000004269

FILED  
Oct 06, 2006  
Secretary of State

Entity Name: SYNOVUS FINANCIAL CORP.

**Current Principal Place of Business:**

1111 BAY AVENUE  
SUITE 500  
COLUMBUS, GA 31901

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 120  
COLUMBUS, GA 31902

**New Mailing Address:**

FEI Number: 58-1134883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: SHARON SANDERS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: BLANCHARD, JAMES H  
Address: 1111 BAY AVENUE, SUITE 500  
City-St-Zip: COLUMBUS, GA 31901

Title: PD ( ) Delete  
Name: ANTHONY, RICHARD E  
Address: 1111 BAY AVENUE, SUIYE 500  
City-St-Zip: COLUMBUS, GA 31901

Title: EVCF ( ) Delete  
Name: PRESCOTT, THOMAS J  
Address: 1111 BAY AVENUE, SUITE 500  
City-St-Zip: COLUMBUS, GA 31901

Title: SEVS ( ) Delete  
Name: GRIFFITH, G. SANDERS III  
Address: 1111 BAY AVENUE, SUITE 500  
City-St-Zip: COLUMBUS, GA 31901

Title: DVC ( ) Delete  
Name: GREEN, FRED L III  
Address: 1111 BAY AVENUE, SUITE 500\  
City-St-Zip: COLUMBUS, GA 31901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON SANDERS

Electronic Signature of Signing Officer or Director

CFO

10/06/2006

Date