

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90014 005 ***150.00

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1. Entity Name
SYNOVUS FINANCIAL CORP.



Principal Place of Business
**1111 BAY AVENUE
SUITE 500
COLUMBUS, GA 31901**

Mailing Address
**P.O. BOX 120
COLUMBUS, GA 31902**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162007 Chg-P CR2E034 (12/06)

4. FEI Number
58-1134883

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
BLANCHARD, JAMES H
1111 BAY AVENUE, SUITE 500
COLUMBUS, GA 31901** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ANTHONY, RICHARD E
1111 BAY AVENUE, SUITE 500
COLUMBUS, GA 31901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD Chairman of the Board
Richard E Anthony
1111 Bay Avenue, Suite 500
Columbus, GA 31901** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVC
PRESCOTT, THOMAS J
1111 BAY AVENUE, SUITE 500
COLUMBUS, GA 31901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEVS
GRIFFITH, G. SANDERS III
1111 BAY AVENUE, SUITE 500
COLUMBUS, GA 31901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVC
GREEN, FRED L III
1111 BAY AVENUE, SUITE 500
COLUMBUS, GA 31901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD President + COO
Fred L Green III
1111 Bay Avenue, Suite 500
Columbus, GA 31901** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Jennifer S Hines **Jennifer S Hines**

3-11-07 704-649-5531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #