

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004269

FILED
Sep 15, 2009
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:

ATTN: MARK ROBINSON
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 (X)

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: _____

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: C () 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: GC/S () Delete
Name: HATCHER, SAMUEL F
Address: 1111 BAY AVENUE, SUITE 500
City-St-Zip: COLUMBUS, GA 31901

Title: PCOO (X) 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:

I hereby certify that the information supplied with this filing does not qualify 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: SAM HATCHER

GC/S

09/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date