

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90039 009 ***550.00

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DOCUMENT # F99000003214 1. Entity Name SYNOVUS MORTGAGE CORP.						
Principal Place of Business 800 SHADES CREEK PARKWAY STE 350 BIRMINGHAM, AL 35209			Mailing Address 800 SHADES CREEK PARKWAY STE 350 BIRMINGHAM, AL 35209			
2. Principal Place of Business 2204 LAKESHORE DR		3. Mailing Address SAME AS PRINCIPAL				
Suite, Apt. #, etc. SUITE 325		Suite, Apt. #, etc. 				
City & State BIRMINGHAM, AL		City & State 				
Zip 35209	Country USA	Zip 	Country 			
4. FEI Number 63-1113916			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P GARNETT, CHARLES W 1242 MAIN STREET COLUMBIA, SC 29201	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BANK OF N GA DONALD D HOWARD 8025 WESTSIDE PKWY ALPHARETTA, GA 30004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PRESCOTT, THOMAS J P.O. BOX 120 COLUMBUS, GA 31902	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OF RETAIL BANKING LEILA ST. CARRARD FLOOR UPTOWN CENTER 1137 1ST AVE 3RD FLOOR UPTOWN CENTER COLUMBUS, GA 31902	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELTON, STEPHEN A 1148 BROADWAY COLUMBUS, GA 31901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGIONAL CEO COMMERCIAL BANK FREDERICK D JEFFERSON 101 S CRAWFORD ST THOMASVILLE, GA 31792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADALINO, MICHAEL L 800 SHADES CREEK PKWY, STE 350 BIRMINGHAM, AL 35209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, CFO SMC MARY BETH BALZLI 2204 LAKESHORE DRIVE SUITE 325 BIRMINGHAM, AL 35209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TAYLOR, WILLIAM L 125 WEST ROMANO STREET PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MICHAEL L PADALINO 2204 LAKESHORE DR SUITE 325 BIRMINGHAM, AL 35209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, FRED L III 111 BAY AVENUE SUITE 500 COLUMBUS, GA 31901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mary Beth Balzli</u> SVP 5/24/06 205-874-1414 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						