2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005073

Entity Name: SUNTRUST BANK

Address:

City-St-Zip:

FILED Feb 23, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
303 PEACHTREE ST., NE 30TH FLOOR ATLANTA, GA 30308			303 PEACHTREE STREET NE SUITE 3600 ATLANTA, GA 30308		
Current Mailing Address:			New Mailing Address:		
POST OFFICE BOX 4418 MAIL CODE: GA-ATLANTA- 643 LEGAL ATLANTA, GA 30302			C/O HASANA R. KELLY 303 PEACHTREE STREET NE - SUITE 3600 ATLANTA, GA 30308		
FEI Number	: 58-0466330	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
200 S. OR ORLANDO	e of Florida.	US	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI		nic Signature of Registered Ag	ant	 Date	
Election Car		g Trust Fund Contribution ().	511L	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	WELLS, JAME	EE STREET - 30TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FORTIN, RAYN	EE ST., NE - 36TH FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HUMANN, L. PI	EE ST., N.E 30TH FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO (CHANCY, MAR 303 PEACHTR ATLANTA, GA	EE ST., NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TRES (LIENHARD, JE) Delete ROME	Title: Name:	() Change () Addition	

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.

Address: City-St-Zip:

SIGNATURE: RAYMOND D. FORTIN SEC 02/23/2008

303 PEACHTREE ST. NE - 11TH FL

ATLANTA, GA 30308