

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90253 015 ***150.00

0625206 AT

DOCUMENT # F99000005073



1. Entity Name
SUNTRUST BANK

Principal Place of Business
**303 PEACHTREE ST., NE
30TH FLOOR
ATLANTA GA 30308**

Mailing Address
**POST OFFICE BOX 4418
MAIL CODE 643 LEGAL
ATLANTA GA 30302**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-0466330**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**ARTHER, CATHY HOMA
200 S. ORANGE AVE.
ORLANDO FL 32801**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	O'HALLORAN, WILLIAM P	
STREET ADDRESS	303 PEACHTREE ST., NE	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FORTIN, RAYMOND D	
STREET ADDRESS	303 PEACHTREE ST., NE	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HUMANN, L. PHILLIP	
STREET ADDRESS	303 PEACHTREE ST., N.E.	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHANCY, MARK	
STREET ADDRESS	303 PEACHTREE ST., NE	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	SPIEGEL, JOHN W	
STREET ADDRESS	303 PEACHTREE ST., NE	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge Arrieta	
STREET ADDRESS	303 Peachtree Street, 5th Floor	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: S. Margaret W. H. [Signature] 4/23/03 #404-658-4637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)