


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90188 049 \*\*\*150.00

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P06918**

1. Corporation Name  
**SUNTRUST BANKS, INC.**

|   |   |
|---|---|
| Principal Place of Business                                       | Mailing Address   |
| 25 PARK PLACE<br>P.O. BOX 4418 CTR. 632<br>ATLANTA GA 30308<br>US | 25 PARK PLACE<br>P.O. BOX 4418 CTR. 632<br>ATLANTA GA 30303<br>US |



DO NOT WRITE IN THIS SPACE

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21 303 Peachtree St., NE       | 26 P.O. Box 4418        |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.     |
| 22 30th Floor                  | 27 Mail Code 643SP      |
| City & State                   | City & State            |
| 23 Atlanta, GA                 | 28 Atlanta, GA          |
| Zip Country                    | Zip Country             |
| 24 30308 U.S.A.                | 29 30302-4418 30 U.S.A. |

|   |  |                |
|---|--|----------------|
| 3. Date Incorporated or Qualified   | 4. FEI Number  | Applied For    |
| 07/30/1985  | 58-1575035   | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                       | \$8.75 Additional Fee Required                           |                |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees                              |                |
| 8. This corporation owes the current year Intangible Personal Property Tax.     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |

9. Name and Address of Current Registered Agent

THORPE, JANET C.  
 200 S. ORANGE AVENUE  
~~SUN BANK N.A., 10TH FLOOR LEGAL DEPT.~~  
 ORLANDO FL 32801

10. Name and Address of New Registered Agent

|   |                               |
|---|-------------------------------|
| 81 Name   | Add middle initial "C"        |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                               |
| 83  | SunTrust Banks, Inc - SOAB-10 |
| 84 City   | FL                            |
| 85 Zip Code   |                               |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | CD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | WILLIAMS, JAMES B.                            | 1.2 NAME  | Humann, L. Phillip  |
| STREET ADDRESS             | 25 PARK PLACE, N.E.                           | 1.3 STREET ADDRESS                                    | 303 Peachtree St., NE, 30th Floor   |
| CITY-ST-ZIP                | ATLANTA GA                                    | 1.4 CITY-ST-ZIP                                       | Atlanta, GA 30308   |
| TITLE                      | V <input type="checkbox"/> DELETE             | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                       | O'HALLORAN, WILLIAM P                         | 2.2 NAME  |   |
| STREET ADDRESS             | 25 PARK PLACE, N.E.                           | 2.3 STREET ADDRESS                                    | 303 Peachtree St., NE, 30th Floor   |
| CITY-ST-ZIP                | ATLANTA GA                                    | 2.4 CITY-ST-ZIP                                       | Atlanta, GA 30308   |
| TITLE                      | VS <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                       | FORTIN, RAYMOND D.                            | 3.2 NAME  |   |
| STREET ADDRESS             | 25 PARK PLACE NE                              | 3.3 STREET ADDRESS                                    | 303 Peachtree St., NE, 30th Floor   |
| CITY-ST-ZIP                | ATLANTA GA                                    | 3.4 CITY-ST-ZIP                                       | Atlanta, GA 30308   |
| TITLE                      | PD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | HUMANN, L PHILLIP                             | 4.2 NAME  | Heroman, Donald T.  |
| STREET ADDRESS             | 25 PARK PLACE, N.E.                           | 4.3 STREET ADDRESS                                    | 303 Peachtree St., NE, 9th Floor  |
| CITY-ST-ZIP                | ATLANTA GA                                    | 4.4 CITY-ST-ZIP                                       | Atlanta, GA 30308   |
| TITLE                      | V <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                       | WOOD, JENNER E III                            | 5.2 NAME  |   |
| STREET ADDRESS             | 25 PARK PLACE, N.E.                           | 5.3 STREET ADDRESS                                    | 303 Peachtree St., NE, 30th Floor   |
| CITY-ST-ZIP                | ATLANTA GA                                    | 5.4 CITY-ST-ZIP                                       | Atlanta, GA 30308   |
| TITLE                      | V <input type="checkbox"/> DELETE             | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                       | SPIEGEL, JOHN W.                              | 6.2 NAME  |   |
| STREET ADDRESS             | 25 PARK PLACE, N.E.                           | 6.3 STREET ADDRESS                                    | 303 Peachtree St., NE, 9th Floor  |
| CITY-ST-ZIP                | ATLANTA GA                                    | 6.4 CITY-ST-ZIP                                       | Atlanta, GA 30308   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1999  
 Date Daytime Phone #

CR2E034 (11/98)