

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

PERSONAL AT

03-12-2002 90998 046 ***150.00

DOCUMENT # **P06918**

1. Entity Name
SUNTRUST BANKS, INC.

Principal Place of Business

**303 PEACHTREE ST., NE
 30TH FLOOR
 ATLANTA GA 30308
 US**

Mailing Address

**P.O. BOX 4418
 MAIL CODE 643SP
 ATLANTA GA 30302-4418
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-1575035

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARTHER, CATHY H
 200 S. ORANGE AVENUE
 9TH FLOOR MAIL CODE 1093
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **CD HUMANN, PHILLIP L**
 STREET ADDRESS **303 PEACHTREE ST NE, 30TH FLOOR**
 CITY-ST-ZIP **ATLANTA GA 30308**

TITLE Delete
 NAME **V O'HALLORAN, WILLIAM P**
 STREET ADDRESS **303 PEACHTREE ST NE, 30TH FLOOR**
 CITY-ST-ZIP **ATLANTA GA 30308**

TITLE Delete
 NAME **VS FORTIN, RAYMOND D.**
 STREET ADDRESS **303 PEACHTREE ST NE, 30TH FLOOR**
 CITY-ST-ZIP **ATLANTA GA 30308**

TITLE Delete
 NAME **T HEROMAN, DONALD T**
 STREET ADDRESS **303 PEACHTREE ST NE, 30TH FLOOR**
 CITY-ST-ZIP **ATLANTA GA 30308**

TITLE Delete
 NAME **V SPIEGEL, JOHN W.**
 STREET ADDRESS **303 PEACHTREE ST NE, 30TH FLOOR**
 CITY-ST-ZIP **ATLANTA GA 30308**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **T CHANCY, MARK**
 STREET ADDRESS **303 PEACHTREE ST., NE**
 CITY-ST-ZIP **ATLANTA GA 30308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond D. Fortin

2.25.02

404.588.7165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)