FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:11

DOCUMENT # **P10829** **(0)**

1. Corporation Name
SUNTRUST SECURITIES, INC.

Principal Place of Business	Mailing Address
25 PARK PLACE ATLANTA GA 30303	25 PARK PLACE ATLANTA GA 30303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/21/1986**
3a. Date of Last Report: **05/16/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **58-1648698** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THORPE, JANET C.
200 S. ORANGE BLOSSOM AVE.
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	☐ Change ☐ Addition	
NAME	LANE CHARLES S.	12 NAME	See attached	
STREET ADDRESS	55 PARK PLACE	13 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA 30303	14 CITY ST ZIP		
TITLE	V	21 TITLE	☐ Change ☐ Addition	
NAME	DELUCA, RONALD G	22 NAME		
STREET ADDRESS	25 PARK PLACE NE	23 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP		
TITLE	PD	31 TITLE	☐ Change ☐ Addition	
NAME	ROGERS, WILLIAM H.	32 NAME		
STREET ADDRESS	50 HURT PLAZA	33 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP		
TITLE	S	41 TITLE	☐ Change ☐ Addition	
NAME	FORTIN, RAYMOND D.	42 NAME		
STREET ADDRESS	25 PARK PLACE NE	43 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP		
TITLE	D	51 TITLE	☐ Change ☐ Addition	
NAME	MADDEN, BERT C.	52 NAME		
STREET ADDRESS	25 PARK PLACE NE	53 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Denise Skinner 3/13/95 (404) 827-6821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0390660 FP