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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10829

1. Corporation Name
SUNTRUST SECURITIES, INC.

Principal Place of Business	Mailing Address
1349 WEST PEACHTREE STREET ATLANTA GA 30309 US	1349 WEST PEACHTREE STREET ATLANTA GA 30309 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 4418	3. Date Incorporated or Qualified 07/21/1986	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Mail Code 663	4. FEI Number 58-1648698	Applied For ☐ Not Applicable ☐
City & State 23	City & State 28 Atlanta, GA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 30302 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property Tax.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THORPE, JANET C. 200 S. ORANGE BLOSSOM AVE. MAIL CODE 2103 ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	D, (P) ☒ Change ☐ Addition
NAME	BEACH, LESLIE W	1.2 NAME	Dills, Dennis B.
STREET ADDRESS	1349 WEST PEACHTREE STREET, 11TH FLOOR	1.3 STREET ADDRESS	303 Peachtree St, NE, 30th Floor
CITY-ST-ZIP	ATLANTA GA 30309	1.4 CITY-ST-ZIP	Atlanta, GA 30308
TITLE	T ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	FINN, CYNTHIA	2.2 NAME	William Mathis
STREET ADDRESS	1349 WEST PEACHTREE STREET, 11TH FLOOR	2.3 STREET ADDRESS	424 Church St.
CITY-ST-ZIP	ATLANTA GA 30309	2.4 CITY-ST-ZIP	Nashville, TN 37219
TITLE	S ☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	DICKINSON, GEORGETT B	3.2 NAME	Orencio Garcia del Busto
STREET ADDRESS	303 PEACHTREE STREET, NE, 30TH FLOOR	3.3 STREET ADDRESS	200 S. Orange Ave.
CITY-ST-ZIP	ATLANTA GA 30308	3.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D ☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	DILLS, DENNIS B	4.2 NAME	Phillip Davis
STREET ADDRESS	303 PEACHTREE STREET, NE, 30TH FLOOR	4.3 STREET ADDRESS	P.O. Box 4418, Mail Code 220
CITY-ST-ZIP	ATLANTA GA 30308	4.4 CITY-ST-ZIP	Atlanta, GA 30302
TITLE	D ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	WOOD, E. JENNER	5.2 NAME	John Ehrensperger
STREET ADDRESS	303 PEACHTREE STREET, NE, 30TH FLOOR	5.3 STREET ADDRESS	25 Park Place, 18th Floor
CITY-ST-ZIP	ATLANTA GA 30308	5.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	D ☒ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	SHUFELDT, R. CHARLES	6.2 NAME	MIKE THORNTON
STREET ADDRESS	303 PEACHTREE STREET, N.E., 24TH FLOOR	6.3 STREET ADDRESS	303 PEACHTREE ST. NE, 15TH FLOOR
CITY-ST-ZIP	ATLANTA GA 30308	6.4 CITY-ST-ZIP	ATLANTA, GA 30308

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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: Elizabeth M. Andresen SIGNATURE REQUIRED Elizabeth M. Andresen, AVP 1/14/99 (404) 827-6712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John T. Sheehy
John P. Ehrensperger Director 4/8/99 404-588-8014