

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10829

FILED
Apr 18, 2005
Secretary of State

Entity Name: SUNTRUST SECURITIES, INC.

Current Principal Place of Business:

303 PEACHTREE CENTER AVENUE
SUITE 140
ATLANTA, GA 30303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4418
MAIL CODE 643
ATLANTA, GA 30302 US

New Mailing Address:

FEI Number: 58-1648698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTHER, CATHY H
200 S ORANGE AVE
9TH FLOOR, MAIL CODE 1093
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVD () Delete
Name: WRIGHT, CHARLES F
Address: 11 S TENTH ST
City-St-Zip: RICHMOND, VA 23219 US

Title: TD () Delete
Name: WINTERS, JAMES
Address: 303 PEACHTREE CENTER AVE, SUITE 140
City-St-Zip: ATLANTA, GA 30303 US

Title: S () Delete
Name: DICKINSON, GEORGETT B
Address: 303 PEACHTREE ST NE 29TH FLOOR
City-St-Zip: ATLANTA, GA 30308

Title: CPD () Delete
Name: BIELAN, PETER
Address: 303 PEACHTREE CENTER AVE SUITE 140
City-St-Zip: ATLANTA, GA 30303

Title: SVD () Delete
Name: SCOTT, STUART
Address: 200 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: SVD () Delete
Name: CONTI, MARIO J
Address: 14401 SWEITZER LANE
City-St-Zip: LAUREL, MD 20707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ARDREY, JAMES KELLY
Address: 303 PEACHTREE ST, NE
City-St-Zip: ATLANTA, GA 30308 US

Title: SD (X) Change () Addition
Name: PRINCE, DAVID C
Address: 303 PEACHTREE ST NE 36TH FLOOR
City-St-Zip: ATLANTA, GA 30308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. PRINCE

SD

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date