

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91297 029 ***150.00

DOCUMENT # P10829

1. Entity Name
SUNTRUST SECURITIES, INC.



Principal Place of Business
**303 PEACHTREE CENTER AVENUE
SUITE 140
ATLANTA, GA 30303 US**

Mailing Address
**P.O. BOX 4418
MAIL CODE 663
ATLANTA, GA 30302 US**

11023932



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1648698

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARTHER, CATHY H
200 S ORANGE AVE
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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**EVD
WRIGHT, CHARLES F
11 S TENTH ST
RICHMOND, VA 23219** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
WINTERS, JAMES
303 PEACHTREE CENTER AVE, SUITE 140
ATLANTA, GA 30303** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
DICKINSON, GEORGETT B
303 PEACHTREE ST NE 29TH FLOOR
ATLANTA, GA 30308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
BIELAN, PETER
303 PEACHTREE CENTER AVE SUITE 140
ATLANTA, GA 30303** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SVD
SCOTT, STUART
200 S ORANGE AVE
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SVD
DAVIS, PHILIP P JR
1 PARK PLACE NE
ATLANTA, GA 30303** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SVD
Mario J. Conti
8245 Boone Boulevard, Suite 590
Vienna, VA 22182-3828** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Georgett B. Dickinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Georgett B. Dickinson

Date

Daytime Phone #

CR2E034 (10/02)