

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90012 018 ***150.00

DOCUMENT # P27482

1. Corporation Name

~~SYNOVUS DATA CORP.~~

Synovus Technologies, Inc.

Principal Place of Business

500 11TH STREET
COLUMBUS GA 31902-1847
US

Mailing Address

500 11TH STREET
COLUMBUS GA 31902-1847
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1989

4. FEI Number

58-1868756

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAWAHARE, ANNE
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS GA 31902

TITLE V ☒ DELETE

NAME FREEMAN, KEN
STREET ADDRESS 500 11TH ST
CITY-ST-ZIP COLUMBUS GA

TITLE V ☒ DELETE

NAME ELLIS, JOE
STREET ADDRESS 420 10TH STREET
CITY-ST-ZIP COLUMBUS GA

TITLE V ☒ DELETE

NAME FULLER, JOHN
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS GA 31902

TITLE C ☐ DELETE

NAME ROBERTS, APRIL
STREET ADDRESS 500 11TH ST
CITY-ST-ZIP COLUMBUS GA 31902

TITLE V ☐ DELETE

NAME MOODY, ROBERT
STREET ADDRESS 500 11TH STREET
CITY-ST-ZIP COLUMBUS GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Lisa White
2.3 STREET ADDRESS 500 11th St.
2.4 CITY-ST-ZIP Columbus, GA 31902

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Kevin Gowen
3.3 STREET ADDRESS 500 11th St.
3.4 CITY-ST-ZIP Columbus, GA 31902

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Craig Strudia
4.3 STREET ADDRESS 500 11th St.
4.4 CITY-ST-ZIP Columbus, GA 31902

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Aprill Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 (706) 649-3539
Date Daytime Phone #

CR2E034 (11/98)