2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P27482** Sep 11, 2000 8:00 am Secretary of State 1. Entity Name SYNOVUS DATA CORP. 09-11-2000 90019 048 ***550.00 Mailing Address Principal Place of Business 500 11TH STREET 500 11TH STREET COLUMBUS GA 31902-1847 COLUMBUS GA 31902-1847 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number 58-1868756 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS TITLE X Delete TITLE Change **X** Addition Lee Lee James DAWAHARE, ANNE Lee Lee James NAME NAME 500 11th 5t. 500 11TH STREET STREET ADDRESS STREET ADDRESS Columbus, GA 31902 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS GA 31902 Change Addition TITLE TITLE Scott McGlaun Sooth McGlauni WHITE: LISA NAME NAME 500114 St. STREET ADDRESS 500 11TH ST STREET ADDRESS Columbus, 6A 31902. CITY-ST-ZIP **COLUMBUS GA 31902** CITY-ST-ZIP GOWEN, KEVIN Carey Ellinghous & Delete TITLE ☐ Change **Addition** TITLE Carey Ellinghous NAME NAME 500 1TH ST. STREET ADDRESS STREET ADDRESS Columbas 6A 31902 CITY-ST-ZIP COLUMBUS GA 31902 CITY-ST-ZIP STRUCIA, KRAIG Kathy Martin Delete ☐ Change Addition TITLE TITLE Kathy Martin 500 illth 5t. Colombus, 6A-31902 NAME NAME 500 11TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 **COLUMBUS GA 31902 ⊠** Delete Change Addition TITLE TITLE Rob Bankston ROBERTS, APRIL NAME NAME 901 Front Ave. Suite 201 STREET ADDRESS 500 11TH ST STREET ADDRESS **COLUMBUS GA 31902** CITY-ST-ZIP Columbus, GA 31901 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE MOODY, ROBERT NAME NAME STREET ADDRESS 500 11TH STREET STREET ADDRESS CITY-ST-ZIP **COLUMBUS GA** CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND VISED OF FRUITED DAME OF SIGNING OFFICER OF DIRECTO

9-7-00

706-644-7961