2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006591

Entity Name: SUNTRUST INSURANCE SERVICES, INC.

Current Principal Place of Business:

303 PEACHTREE CENTER AVE

STE 140

ATLANTA, GA 30303

Current Mailing Address:

303 PEACHTREE CENTER AVENUE

SUITE 140

ATLANTA, GA 30303 US

FEI Number: 58-2326680 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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: MADONNA D. MALINOWSKI, ASSISTANT VP 04/09/2015

Electronic Signature of Registered Agent

Date

FILED Apr 09, 2015

Secretary of State

CC9443903187

Officer/Director Detail:

CEO & DIRECTOR Title Title **TRES**

BAKER, WALLACE LINK VELLANI, MEHBOOB Name Name

Address 303 PEACHTREE CENTER AVE - STE. Address 303 PEACHTREE STREET NE - 5TH FL

City-State-Zip:

ATLANTA GA 30308

ATLANTA GA 30303 City-State-Zip: ATLANTA GA 30308 City-State-Zip:

Title **CS & DIRECTOR** Title VΡ

JENKINS-HOLLEY, TIELESHA WEAVER, GREGORY C Name Name 303 PEACHTREE CENTER AVE - ST 303 PEACHTREE ST NE Address Address

ATLANTA GA 30303 City-State-Zip:

Title ACS Title VΡ

Name KELLY, HASANA R VACHERON, TERRY Name

303 PEACHTREE ST NE - 36TH FL Address Address 303 PEACHTREE STREET NE

City-State-Zip: ATLANTA GA 30308 City-State-Zip: ATLANTA GA 30308

I hereby 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 all other like empowered.

ACS - STI/STB SIGNATURE: HASANA KELLY

Electronic Signature of Signing Officer/Director Detail

04/09/2015 Date