#### 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006591

Entity Name: SUNTRUST INSURANCE SERVICES, INC.

FILED
Jun 04, 2018
Secretary of State
CC2257126065

## **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 06/04/2018

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

City-State-Zip:

140

Title SECRETARY & VICE PRESIDENT Title VP

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

GA-ATLANTA-0633

ATLANTA CA COCCO

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

Title VP Title ASSISTANT VICE PRESIDENT

Name VACHERON, TERRY Name STANBERRY, HASANA R

Address 303 PEACHTREE STREET NE Address 303 PEACHTREE ST NE GA-ATLANTA-0633 GA-ATLANTA-0643

GA-ATLANTA-0633 GA-ATLANTA-0643
ATLANTA GA 30308 City-State-Zip: ATLANTA GA 30308

Title PRESIDENT, DIRECTOR Title VP

Name NULL, ROBERT ALEX Name CLARKE, JR., ROBERT

Address 303 PEACHTREE CENTER AVENUE Address 303 PEACHTREE STREET NE

GA-ATLANTA-701 GA-ATLANTA-0633

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

Title VP Title TREASURER

Name FLEURME-COLEMAN, FARRAH Name HENNESSY, JAMES JOSEPH

Address 303 PEACHTREE ST. NE Address 303 PEACHTREE ST. GA-ATLANTA-0633

City-State-Zip: ATLANTA GA 30308

#### Continues on page 2

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.

SIGNATURE: HASANA STANBERRY

ASSISTANT VICE
06/04/2018
PRESIDENT

# Officer/Director Detail Continued:

Title VP Title DIRECTOR

Name HALL, BARBARA Name JOHNSON, LAUREL

Address 303 PEACHTREE ST NE Address 303 PEACHTREE ST. NE

GA-ATLANTA-0633 GA-ATLANTA-0643

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