

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
May 05, 2020
Secretary of State
4002490749CC

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 STREET, NE
GA-ATLANTA-0643
ATLANTA, GA 30308 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

05/05/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY & VICE PRESIDENT
Name JENKINS-HOLLEY, TIELESHA
Address 303 PEACHTREE CENTER AVE - ST
140
City-State-Zip: ATLANTA GA 30303

Title VP
Name WEAVER, GREGORY C
Address 303 PEACHTREE ST NE
GA-ATLANTA-0633
City-State-Zip: ATLANTA GA 30308

Title VP
Name VACHERON, TERRY
Address 303 PEACHTREE STREET NE
GA-ATLANTA-0633
City-State-Zip: ATLANTA GA 30308

Title ASSISTANT VICE PRESIDENT
Name STANBERRY, HASANA R
Address 303 PEACHTREE ST NE
GA-ATLANTA-0643
City-State-Zip: ATLANTA GA 30308

Title PRESIDENT, DIRECTOR
Name NULL, ROBERT ALEX
Address 303 PEACHTREE CENTER AVENUE
GA-ATLANTA-701
City-State-Zip: ATLANTA GA 30308

Title VP
Name CLARKE, JR., ROBERT
Address 303 PEACHTREE STREET NE
GA-ATLANTA-0633
City-State-Zip: ATLANTA GA 30308

Title VP
Name FLEURME-COLEMAN, FARRAH
Address 303 PEACHTREE ST. NE
GA-ATLANTA-0633
City-State-Zip: ATLANTA GA 30308

Title VP
Name HALL, BARBARA
Address 303 PEACHTREE ST NE
GA-ATLANTA-0633
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.

SIGNATURE: HASANA STANBERRY

ASST. VP

05/05/2020

Electronic Signature of Signing Officer/Director Detail

Date