

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 25, 2017
Secretary of State
CC0065758840

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

04/25/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CS & DIRECTOR
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
City-State-Zip: ATLANTA GA 30308

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

Title ACS
Name KELLY, HASANA R
Address 303 PEACHTREE ST NE - 36TH FL
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 DIRECTOR
Name SCHEID , LISA
Address 303 PEACHTREE STREET NE
GA-ATLANTA-0643
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 R KELLY

ASC

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date