## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006591

Entity Name: SUNTRUST INSURANCE SERVICES, INC.

FILED
Apr 30, 2014
Secretary of State
CC5490313304

## **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 04/30/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title CEO & DIRECTOR Title TRES

Name BAKER, WALLACE LINK Name VELLANI, MEHBOOB

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

140

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

Title CS & DIRECTOR Title VP

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

140

ATLANTA GA 30303

City-State-Zip: ATLANTA GA 30308

Title VP

Name VACHERON, TERRY Name KELLY, HASANA R

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

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 KELLY

ASST. CORP. SEC. STI/STB

04/30/2014