2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000000781

Entity Name: SUNTRUST ADVISORY SERVICES, INC.

Entity Name: SUNTRUST ADVISORT SERVICES

Current Principal Place of Business: 303 PEACHTREE CENTER AVE. SUITE 140

ATLANTA, GA 30308

Current Mailing Address:

303 PEACHTREE CENTER AVE, SUITE 140 ATLANTA. GA 30308 US

FEI Number: 37-1808847 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Electronic Signature of Registered Agent

Officer/Director Detail:

140

Title CHAIRMAN/CEO/P Title D/CHIEF OPERATING OFC/S
Name THOMPSON, JOSEPH Name MCCALLUM, CHARLES F III

Address 303 PEACHTREE CENTER AVE, SUITE Address 303 PEACHTREE CENTER AVE, SUITE

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

Title DIRECTOR Title CFO

Name DAWAL, ERNEST Name BASHIR, MOHSIN

Address 303 PEACHTREE CENTER AVE, SUITE Address 303 PEACHTREE CENTER AVE, SUITE

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

Title DIRECTOR Title AS

Name HECHTLINGER, SUSAN Name MOORE, TAMMIE

Address 303 PEACHTREE CENTER AVE, SUITE Address 303 PEACHTREE CENTER AVE, SUITE

140

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

Title ASST CORPORATE SECRETARY Title D

Name KELLY, HASANA Name MCCALLUM, CORY

Address 303 PEACHTREE CENTER AVE, SUITE Address 303 PEACHTREE CENTER AVE, SUITE

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

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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: TAMMIE L MOORE ASSISTANT SECRETARY 02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 19, 2019

Secretary of State

3306800354CC

Date

Officer/Director Detail Continued:

D

City-State-Zip: ATLANTA GA 30308

Title

Name

Title Title D

Name DOWHOWER, BRIAN Name CARROLL, THOMAS

303 PEACHTREE CENTER AVE, SUITE 140 303 PEACHTREE CENTER AVE, SUITE Address Address

140

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

> D Title

SPEETJENS, FELICIA Name SOLIS, KEN 303 PEACHTREE CENTER AVE, SUITE 140 Address

Address 303 PEACHTREE CENTER AVE, SUITE

City-State-Zip: ATLANTA GA 30308