

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10829

Entity Name: SUNTRUST INVESTMENT SERVICES, INC.**Current Principal Place of Business:**303 PEACHTREE CENTER AVENUE
SUITE 140
ATLANTA, GA 30303**Current Mailing Address:**303 PEACHTREE ST. STE. 3200
ATLANTA, GA 30308 US**FEI Number:** 58-1648698**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

Date

Officer/Director Detail :

Title	DIRECTOR
Name	HECHTLINGER, SUSAN
Address	303 PEACHTREE STREET, SUITE 3400
City-State-Zip:	ATLANTA GA 30308

Title	PRESIDENT
Name	THOMPSON, JOSEPH M
Address	303 PEACHTREE STREET SUITE 3200
City-State-Zip:	ATLANTA GA 30308

Title	DIRECTOR
Name	SOLIS, KEN
Address	401 EAST JACKSON STREET
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	DOWHOWER, BRIAN
Address	303 PEACHTREE ST. STE. 3200
City-State-Zip:	ATLANTA GA 30308

Title	DIRECTOR, SECRETARY
Name	MCCALLUM, CHARLES F III
Address	303 PEACHTREE CENTER AVENUE SUITE 140
City-State-Zip:	ATLANTA GA 30303

Title	DIRECTOR
Name	THOMPSON, JOSEPH M
Address	303 PEACHTREE STREET SUITE 3200
City-State-Zip:	ATLANTA GA 30308

Title	DIRECTOR
Name	CARROLL, THOMAS
Address	303 PEACHTREE ST. STE. 3200
City-State-Zip:	ATLANTA GA 30308

Title	DIRECTOR
Name	SPEETJENS, FELICIA
Address	303 PEACHTREE ST. STE. 3200
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: HASANA STANBERRY**OFFICER****06/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	STANBERRY, HASANA
Address	303 PEACHTREE ST NE
City-State-Zip:	ATLANTA GA 30308