

2015 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 HATTINK, WILLEM
Address 303 PEACHTREE ST. STE. 3200
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR
Name MILLIGAN, JOHN
Address 919 EAST MAIN STREET
City-State-Zip: RICHMOND VA 23219

Title TREASURER
Name RICH, SARAH
Address 303 PEACHTREE ST NE - 5TH FLOOR
City-State-Zip: ATLANTA GA 30308

Title SECRETARY
Name DIXON, WILLIAM S
Address 303 PEACHTREE CENTER AVE -
SUITE 140
City-State-Zip: ATLANTA GA 30303

Title DIRECTOR
Name DIXON, WILLIAM S
Address 303 PEACHTREE CENTER AVENUE,
STE140
City-State-Zip: ATLANTA GA 30303

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

Title ASST. SECRETARY
Name FELDMAN, ANN S
Address 303 PEACHTREE STREET, SUITE 3600
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR
Name DUKES, LAURA A
Address 303 PEACHTREE STREET
SUITE 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: ANN S FELDMANASSISTANT
SECRETARY

01/05/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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