

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216506007

1.) CORPORATION NAME:

SUNTRUST LEASING CORPORATION

DUE DATE: **1/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER - 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **01361757**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	62,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 E JOPPA RD - SUITE 700
CS-CMD-2424

CITY/ST/ZIP: TOWSON, MD 21286

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	PAUL M. SEVERN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3333 PEACHTREE RD.		
CITY/ST/ZIP/CO:	GA-ATLANTA-3951 ATLANTA, GA 30326		

NAME:	CAROLYN ANDERSON-PONTIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 E. JOPPA RD. (SUITE 700)		
CITY/ST/ZIP/CO:	CS-CMD-2424 TOWSON, MD 21286		

NAME:	SAMUEL BALLERSTEROS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	401 COMMERCE STREET		
CITY/ST/ZIP/CO:	TN-NASH-1982 NASHVILLE, TN 30326		

NAME:	CANDACE E BIRD-DIAZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3333 PEACHTREE RD.		
CITY/ST/ZIP/CO:	GA-ATLANTA-3716 ATLANTA, GA 30326		

NAME:	SUSAN BOLTACZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	303 PEACHTREE STREET NE		
CITY/ST/ZIP/CO:	GA-ATLANTA-0633 ATLANTA, GA 30308		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC CARPENTIER VICE PRESIDENT 303 PEACHTREE STREET NE GA-ATLANTA-0633 ATLANTA, GA 30308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L CLARKE VICE PRESIDENT 303 PEACHTREE STREET NE GA-ATLANTA-0633 ATLANTA, GA 30308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FARRAH COLEMAN VICE PRESIDENT 303 PEACHTREE STREET NE GA-ATLANTA-0633 ATLANTA, GA 30308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH V GIBB VICE PRESIDENT 300 E. JOPPA ROAD SUITE 700 TOWSON, MD 21286	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE HANDY VICE PRESIDENT 303 PEACHTREE CENTER AVE GA-ATLANTA-0682 ATLANTA, GA 30303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A HOEHN VICE PRESIDENT 300 E. JOPPA RD. SUITE 700 TOWSON, MD 21286	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY M. LEBSACK VICE PRESIDENT 303 PEACHTREE STREET NE GA-ATLANTA-0633 ATLANTA, GA 30308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY VACHERON VICE PRESIDENT 303 PEACHTREE STREET NE GA-ATLANTA-0633 ATLANTA, GA 30308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY C. WEAVER VICE PRESIDENT 303 PEACHTREE STREET NE GA-ATLANTA-0633 ATLANTA, GA 30308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HASANA R KELLY ASST.SEC.(STB) 303 PEACHTREE STREET NE 36TH FL ATLANTA, GA 30308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES G WATKINS ASST TREASURER 303 PEACHTREE STREET NE GA-ATLANTA-3906 ATLANTA, GA 30308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE D COOPER SECRETARY 300 E. JOPPA RD. (SUITE 700) CS-CMD-2424 TOWSON, MD 21286	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM G STRUM II ASST SECRETARY 300 E. JOPPA RD. SUITE 700 TOWSON, MD 21286	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ HASANA R KELLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HASANA R KELLY, ASST.SEC.(STB) PRINTED NAME AND CORPORATE TITLE	2/18/2016 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			