

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212522639

1.) CORPORATION NAME:

SUNTRUST INVESTMENT SERVICES, INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1424615**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	52,125

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 303 PEACHTREE CENTER AVE STE 140

CITY/ST/ZIP: ATLANTA, GA 30303

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:	JOHN T RHETT III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CHRMN		
ADDRESS:	303 PEACHTREE CENTER AVE STE 140		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		

NAME:	ROY A MATTES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	11 S 10TH ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		

NAME:	HUGH TARBUTTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	303 PEACHTREE CNTR STE 140		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		

NAME:	W SCOTT DIXON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	303 PEACHTREE CENTER AVENUE, SUITE 140		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		

NAME:	WILLEM HATTINK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25 PARK PLACE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		

NAME:	SUSAN HECHTLINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	303 PEACHTREE CENTER AVE STE 140		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sarah Rich DIRECTOR 303 Peachtree Center Ave. Suite 140 Atlanta, GA 30308	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kathleen M Trimble ASST SECRETARY 303 Peachtree St. Suite 3600 Atlanta, GA 30308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ Kathleen MTrimble	Kathleen MTrimble,	6/18/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.