

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:	KATHLEEN M TRIMBLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	303 PEACHTREE ST. SUITE 3600		
CITY/ST/ZIP/CO:	ATLANTA, GA 30308		
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 TITLE: DIRECTOR ADDRESS: 303 PEACHTREE CENTER AVE STE 140 CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: SARAH RICH TITLE: DIRECTOR ADDRESS: 303 PEACHTREE CENTER AVE. SUITE 140 CITY/ST/ZIP/CO: ATLANTA, GA 30308	<input type="checkbox"/> OFFICER	<input checked="" 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/ KATHLEEN M TRIMBLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN M TRIMBLE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/18/2012 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.