

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214513620

1.) CORPORATION NAME:

**SUNTRUST INVESTMENT SERVICES, INC.**

DUE DATE: **5/31/2014**

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**

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:	WILLEM HATTINK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	303 PEACHTREE ST. SUITE 3200		
CITY/ST/ZIP/CO:	ATLANTA, GA 30308		

NAME:	John H Milligan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	919 East Main Street		
CITY/ST/ZIP/CO:	Richmond, VA 23219		

NAME:	ANN KIMSEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	303 PEACHTREE CENTER AVE SUITE 140		
CITY/ST/ZIP/CO:	ATLANTA, GA 30308		

NAME:	SARAH RICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	303 PEACHTREE ST. SUITE 500		
CITY/ST/ZIP/CO:	ATLANTA, GA 30308		

NAME:	TED BOWDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	303 PEACHTREE CENTER AVE SUITE 140		
CITY/ST/ZIP/CO:	ATLANTA, GA 30308		

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: SUSAN HECHTLINGER TITLE: CHIEF COMPLIANC ADDRESS: 303 PEACHTREE CENTER AVE STE 140 CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANN S FELDMAN TITLE: ASST SECRETARY ADDRESS: 303 PEACHTREE ST. SUITE 3600 CITY/ST/ZIP/CO: ATLANTA, GA 30308	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: L. ALLISON DUKES TITLE: DIRECTOR ADDRESS: 303 PEACHTREE ST CITY/ST/ZIP/CO: SUITE 3200 ATLANTA, GA 30303	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HUGH TARBUTTON TITLE: DIRECTOR ADDRESS: 303 PEACHTREE CNTR STE 140 CITY/ST/ZIP/CO: ATLANTA, GA 30303	<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/ ANN S FELDMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANN S FELDMAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/14/2014 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.		