FILED
May 19, 1999 8:00 am
Secretary of State
05-19-1999 90018 001 *7,500.00

F98000005807

1. Corporation Name
BANKAMERICA CORPORATION

2. Principal Place of Business
401 N TRYON ST
CHARLOTTE NC 28255

2a. Mailing Address
100 NORTH TRYON ST,
CHARLOTTE NC 28255

3. Date Incorporated or Qualified
10/16/1998

4. FEI Number
56-0906609

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Election Campaign Financing
$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

12. OFFICERS AND DIRECTORS

TITLE
CD
NAME
MCCOLL JR, HUGH L
STREET ADDRESS
100 NORTH TRYON COURT
CITY-STATE-ZIP
CHARLOTTE NC

PD
COULTER, DAVID A
315 MONTGOMERY STREET
SAN FRANCISCO CA

V
CFO
HANCE JR, JAMES H
100 NORTH TRYON STREET
CHARLOTTE NC

VS
KISER, JAMES W
100 NORTH TRYON STREET
CHARLOTTE NC

T
PETERS, RAYMOND R
315 MONTGOMERY STREET
SAN FRANCISCO CA

V
WILLIAMS, GARY S
100 NORTH TRYON STREET
CHARLOTTE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

Pres. Kenneth D. Lewis
Sec. James W. Kiser
VP Duane L. Smith

4 - 23 - 99 104.388 3460

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND Typed or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Duane L. Smith

Date
4 - 23 - 99

Phone
104.388 3460