2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name
BANK OF AMERICA CORPORATION

Principal Place of Business

401 N TRYON ST
CHARLOTTE
28255

Mailing Address

401 N TRYON ST
CHARLOTTE
28255

2. Principal Place of Business

401 N TRYON ST
CHARLOTTE
28255

3. Mailing Address

401 N TRYON ST
CHARLOTTE
28255

4. FEI Number
56-0906609

5. Certificate of Status Desired

$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION
33324
FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-STATE-ZIP</th>
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<tbody>
<tr>
<td>VP</td>
<td>MROZ GREG S</td>
<td>401 NORTH TRYON STREET</td>
<td>CHARLOTTE NC 28255</td>
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<tr>
<td>T</td>
<td>PETERS RAYMOND R</td>
<td>401 N TRYON ST</td>
<td>CHARLOTTE NC 28255</td>
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<tr>
<td>S</td>
<td>KISER JAMES W</td>
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<td>VFCO</td>
<td>HANCE JR JAMES H</td>
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<tr>
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<td>CHARLOTTE NC 28255</td>
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<tr>
<td>CD</td>
<td>MCCOLL JR HUGH L</td>
<td>401 N TRYON ST</td>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<table>
<thead>
<tr>
<th>TITLE</th>
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</thead>
<tbody>
<tr>
<td>D</td>
<td>SPANGLER MEREDITH R</td>
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<tr>
<td>SEC</td>
<td>GILLIAM ALLISON</td>
<td>401 N TRYON ST NC 01-02-20</td>
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<td>SVP</td>
<td>MROZ GREG S</td>
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<td>CHARLOTTE NC 28255</td>
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</table>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  

GREG S MROZ  
SVP  
05/01/2001