

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005807**

1. Entity Name  
**BANK OF AMERICA CORPORATION**

Principal Place of Business  
 401 N TRYON ST  
 CHARLOTTE NC 28255

Mailing Address  
 401 N TRYON ST  
 CHARLOTTE NC 28255

2. Principal Place of Business  
 401 N TRYON ST

3. Mailing Address  
 401 N TRYON ST

Suite, Apt. #, etc.  
 NC1-021-02-20

Suite, Apt. #, etc.  
 NC1-021-02-20

City & State  
 CHARLOTTE NC

City & State  
 CHARLOTTE NC

Zip Country  
 28255

Zip Country  
 28255

4. FEI Number  
**56-0906609**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**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.

SIGNATURE \_\_\_\_\_ DATE **05/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MROZ GREG S 401 NORTH TRYON STREET CHARLOTTE NC 28255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERS RAYMOND R 401 N TRYON ST CHARLOTTE NC 28255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KISER JAMES W 401 N TRYON ST CHARLOTTE NC 28255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HANCE JR JAMES H 401 N TRYON ST CHARLOTTE NC 28255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS KENNETH D 401 N TRYON ST CHARLOTTE NC 28255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCCOLL JR HUGH L 401 N TRYON ST CHARLOTTE NC 28255 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANGLER MEREDITH R 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HANCE, JR JAMES H 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GILLIAM ALLISON 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MROZ GREG S 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS KENNETH D 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB MCCOLL JR HUGH L 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)