2009 FOR PROFIT CORPORATION ANNUAL REPORT
DOCUMENT# F98000005807
Entity Name: BANK OF AMERICA CORPORATION

Current Principal Place of Business: 100 N TRYLON ST
CHARLOTTE, NC  28255

New Principal Place of Business:

Current Mailing Address: 401 N TRYLON ST
NC1-021-02-20
CHARLOTTE, NC  28255

New Mailing Address:

FEI Number: 56-0906609  FEI Number Applied For ( )  FEI Number Not Applicable ( )  Certificate of Status Desired ( )

Name and Address of Current Registered Agent:
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324    US

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: ____________________________
Electronic Signature of Registered Agent        Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D    ( ) Delete
Name: LEWIS, KENNETH D
Address: 401 N TRYLON ST  NC1-021-02-20
City-Street: CHARLOTTE, NC  28255

Title: SVP    ( ) Delete
Name: SMITH, DUANE L
Address: 401 N TRYLON ST  NC1-021-02-20
City-Street: CHARLOTTE, NC  28255

Title: SEC    ( ) Delete
Name: HEARLD, ALICE A
Address: 401 N TRYLON ST  NC1-021-02-20
City-Street: CHARLOTTE, NC  28255

Title: CFO    ( ) Delete
Name: PRICE, JOE L III
Address: 401 N TRYLON ST  NC1-021-02-20
City-Street: CHARLOTTE, NC  28255

Title: D    ( ) Delete
Name: VARNET, WILLIAM III
Address: 401 N TRYLON ST  NC1-021-02-20
City-Street: CHARLOTTE, NC  28255

Title: D    ( ) Delete
Name: SPANGLER, MEREDITH R
Address: 401 N TRYLON ST  NC1-021-02-20
City-Street: CHARLOTTE, NC  28255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name: ____________________________
Address: ____________________________
City-Street: ____________________________

SIGNATURE: DUANE L SMITH
SVP  01/14/2009
Electronic Signature of Signing Officer or Director        Date

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.