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
Name: MOYNIHAN, BRIAN T
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP
Name: MCNAIRY, WILLIAM L
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC
Name: HEARLD, ALICE A
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: CFO
Name: PRICE, JOE L III
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D
Name: BIES, SUSAN S III
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D
Name: SCULLY, TOBERT W
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L. MCNAIRY SVP 01/07/2010

Electronic Signature of Signing Officer or Director Date