2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005807

Entity Name: BANK OF AMERICA CORPORATION

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

New Principal Place of Business:

Current Mailing Address:  
401 N TRYON 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

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  
03/02/2011  
Electronic Signature of Signing Officer or Director Date
Allen, Andrea D. F98 0000005807 3/24/11

From: Tarkington, Michael W [michael.tarkington@recontrustco.com]
Sent: Wednesday, March 02, 2011 2:36 PM
To: Allen, Andrea D.
Subject: Additional Officers to Annual Report

Bank of America
Document # F98000005807

Title: VP
Name: Tara Taylor
Address: 2595 W. Chandler Blvd
City: Chandler, AZ 85224

Title: AVP
Name: Icela Lopez
Address: 2595 W. Chandler Blvd
City: Chandler, AZ 85224

Title: AVP
Name: Kathy Cochran
Address: 2595 W. Chandler Blvd
City: Chandler, AZ 85224

Title: AS
Name: Michael Tarkington
Address: 2595 W Chandler Blvd
City: Chandler, AZ 85224

Title: SVP
Name: Jefferson Davis
Address: 4161 Piedmont Pkwy
City: Greensboro, NC 27410

Title: AVP
Name: Lisa Pierce
Address: 4161 Piedmont Pkwy
City: Greensboro, NC 27410

Michael Tarkington
ReconTrust
Lien Release
Post Closing and Central Services
Office: 480-224-6173
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