2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F980000005807

Entity Name: BANK OF AMERICA CORPORATION

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

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

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

Name and Address of Current Registered Agent: Name and Address of New 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.  

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
Fax: 480-224-6780
Email: michael.tarkington@recontrustco.com

2575 W. Chandler Blvd
MS: AZ1-804-02-11
Chandler, AZ 85224