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

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

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:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-St-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>P/D</td>
<td>MOYNIHAN, BRIAN T</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
</tr>
<tr>
<td>SVP</td>
<td>MCNAIRY, WILLIAM L</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
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<td>SEC</td>
<td>HEARD, ALICE A</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
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<tr>
<td>CFO</td>
<td>PRICE, JOE L III</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
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<td>D</td>
<td>BIES, SUSAN S III</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
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<tr>
<td>D</td>
<td>SCULLY, TOBERT W</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
</tr>
</tbody>
</table>

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 0000005802 3/2/11

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: 480-224-8173
Fax: 480-224-6780
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Chandler, AZ 85224