2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F98000005807

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: ____________________________ Date

______________________________ ____________________________
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: HEARD, 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: MICHAEL TARKINGTON AVP Date

______________________________ ____________________________
Electronic Signature of Signing Officer or Director Date