

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # H07987**1. Entity Name
BANC OF AMERICA INVESTMENT SERVICES, INC.**Principal Place of Business**401 N. TRYON STREET
NC1-021-03-09
CHARLOTTE
28255

NC

US

Mailing Address401 N TRYON ST, NC1-021-03-09
%CORPORATE TAX
CHARLOTTE
28255

NC

US

2. Principal Place of Business

401 N. TRYON STREET

3. Mailing Address

401 N TRYON ST

Suite, Apt. #, etc.

NC1-021-02-20

Suite, Apt. #, etc.

NC1-021-02-20

City & State

CHARLOTTE

NC

City & State

CHARLOTTE

NC

4. FEI Number**59-2422159****Applied For**☐ **Not Applicable****Zip**

28255

Country

US

Zip

28255

Country

US

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

7. Name and Address of New Registered Agent**Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	☐ Delete
NAME	MEYER LAURA	
STREET ADDRESS	401 N. TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	TCFO	☐ Delete
NAME	DAVILLA KELLY	
STREET ADDRESS	401 N. TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	S	☐ Delete
NAME	STARK EDWARD J	
STREET ADDRESS	401 N. TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	☐ Delete
NAME	WILLIAMS GARY S.	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	PD	☐ Delete
NAME	DOWNEN RICHARD V	
STREET ADDRESS	401 N. TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	VP	☐ Delete
NAME	SMITH DUANE L	
STREET ADDRESS	401 N. TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC 28255	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIR	☒ Change ☐ Addition
NAME	NEWTN RONALD J	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	DIR	☒ Change ☐ Addition
NAME	MEYER LAURA L	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	TREA	☒ Change ☐ Addition
NAME	TAYLOR GREG J	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SEC	☒ Change ☐ Addition
NAME	STARK EDWARD J	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	☒ Change ☐ Addition
NAME	MROZ GREG S	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D/P	☒ Change ☐ Addition
NAME	DOWNEN RICHARD V	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG S MROZ**SVP****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)