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:

OFFICERS AND DIRECTORS:

Title: P/D  ( ) Delete
Name: LEWIS, KENNETH D
Address: 401 N TRYON ST NC-021-02-20
City-Street: CHARLOTTE, NC 28255

Title: SVP  ( ) Delete
Name: SMITH, DUANE L
Address: 401 N TRYON ST NC-021-02-20
City-Street: CHARLOTTE, NC 28255

Title: SEC  ( ) Delete
Name: HEARD, ALICE A
Address: 401 N TRYON ST NC-021-02-20
City-Street: CHARLOTTE, NC 28255

Title: CFO  ( ) Delete
Name: PRICE, JOE L III
Address: 401 N TRYON ST NC-021-02-20
City-Street: CHARLOTTE, NC 28255

Title: D  ( ) Delete
Name: VARNET, WILLIAM III
Address: 401 N TRYON ST NC-021-02-20
City-Street: CHARLOTTE, NC 28255

Title: D  ( ) Delete
Name: SPANGLE, MEREDITH R
Address: 401 N TRYON ST NC-021-02-20
City-Street: CHARLOTTE, NC 28255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:  ( ) Change ( ) Addition
Name:  
Address:  
City-Street:  

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 697, Florida Statutes, and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE L SMITH  SVP  01/14/2009

Electronic Signature of Signing Officer or Director  Date