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

NEW PRINCIPAL PLACE OF BUSINESS: 150 N COLLEGE ST. NC1-026-17-06
CHARLOTTE, NC 28255

NEW MAILING ADDRESS: 150 N COLLEGE ST. NC1-026-17-06
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: 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: 150 N COLLEGE ST. NC1-026-17-06
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP
Name: DESOUZA, DONNA
Address: 150 N COLLEGE ST. NC1-026-17-06
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC
Name: MOGENSEN, LAUREN A
Address: 150 N COLLEGE ST. NC1-026-17-06
City-St-Zip: CHARLOTTE, NC 28255

Title: CFO
Name: THOMPSON, BRUCE R
Address: 150 N COLLEGE ST. NC1-026-17-06
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: DONNA DESOUZA SVP 04/27/2012
Electronic Signature of Signing Officer or Director Date: __________________________