

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007427

Entity Name: BAPCC, LLC

**Current Principal Place of Business:**

100 FEDERAL STREET  
BOSTON, MA 02110

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**8474694389CC**

**Current Mailing Address:**

150 N COLLEGE ST  
NC1-028-17-06  
CHARLOTTE, NC 28255 US

FEI Number: 04-3423072

Certificate of Status Desired: No

**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

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name BANC OF AMERICA PUBLIC CAPITAL CORP  
Address 150 N COLLEGE ST  
NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title SVP  
Name MILLER, ERIK  
Address 150 N COLLEGE ST  
NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name GAUTHIER, DAVID G  
Address 150 N COLLEGE ST; NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name GIULIANO, CHRISTOPHER  
Address 150 N COLLEGE ST  
NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name HESSELMANN, JOHN P  
Address 150 N COLLEGE ST  
NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name GOULD, JOHN J  
Address 150 N COLLEGE ST  
NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name KARAS, TODD  
Address 150 N COLLEGE ST  
NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name LUNDQUIST, ERIC B  
Address 150 N COLLEGE ST  
NC1-028-17-06  
City-State-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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ERIK MILLER

SVP

04/10/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date