

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1600007427

Entity Name: BAPCC, LLC

**Current Principal Place of Business:**

100 FEDERAL STREET  
BOSTON, MA 02110

**Current Mailing Address:**

401 N TRYON ST, NC1-021-06-01  
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

**FILED**  
**Mar 04, 2021**  
**Secretary of State**  
**0537704785CC**

*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 401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title VP  
Name HOLMAN, CRYSTAL  
Address 401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name GAUTHIER, DAVID G  
Address 401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name CULM, GEOFFREY R.  
Address 401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name HESSELMANN, JOHN P  
Address 401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name GOULD, JOHN J  
Address 401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name KARAS, TODD  
Address 401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER  
Name PULLAN, STEVEN E  
Address 401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

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*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: CRYSTAL HOLMAN

VICE PRESIDENT

03/04/2021

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           WHITE, TIMOTHY J.  
Address        401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255