

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005344

Entity Name: BANC OF AMERICA PUBLIC CAPITAL CORP**Current Principal Place of Business:**101 S TRYON ST; 18TH FLOOR
CHARLOTTE, NC 28255**Current Mailing Address:**150 N COLLEGE ST; NC1-028-17-06
CHARLOTTE, NC 28255**FEI Number:** 48-1173664**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**Officer/Director Detail :**

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

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

Title	TREA
Name	WENDT, ADAM J
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	SEC
Name	KOSTER, BRAD
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	D
Name	GAUTHIER, DAVID G
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 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: JASON PRITCHARD

SVP

04/04/2017

Electronic Signature of Signing Officer/Director Detail_____
Date