

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005344

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**8308103414CC**

**Entity Name:** BANC OF AMERICA PUBLIC CAPITAL CORP

**Current Principal Place of Business:**

555 CALIFORNIA STREET, 4TH FLOOR  
SAN FRANCISCO, CA 94104

**Current Mailing Address:**

401 N TRYON ST, NC1-021-06-01  
CHARLOTTE, NC 28255 US

**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            PRESIDENT, DIRECTOR  
Name            KLIMAS, MARIJO  
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            TREASURER  
Name            WENDT, ADAM J  
Address        150 N COLLEGE ST; NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title            SECRETARY  
Name            KOSTER, BRAD  
Address        401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

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

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

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

Title            DIRECTOR  
Name            KARAS, TODD  
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 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:** CRYSTAL HOLMAN

VP

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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