

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005344

**Entity Name:** BANC OF AMERICA PUBLIC CAPITAL CORP**Current Principal Place of Business:**101 S TRYON ST  
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 PRESIDENT, DIRECTOR  
Name GIULIANO, CHRISTOPHER  
Address 150 N COLLEGE ST; NC1-028-17-06  
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 DIRECTOR  
Name GAUTHIER, DAVID G  
Address 150 N COLLEGE ST; NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR  
Name HESSELMANN, JOHN P  
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 SECRETARY  
Name KOSTER, BRAD  
Address 150 N COLLEGE ST; NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

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

Title DIRECTOR  
Name KARAS, TODD  
Address 150 N COLLEGE ST  
NC1-028-17-06  
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:** ERIK MILLER

SVP

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	LUNDQUIST, ERIC B
Address	150 N COLLEGE ST NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255