

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005344

**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 CULM, GEOFFREY R.  
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

**Continues on page 2**

*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

VICE PRESIDENT

03/04/2021

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

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