

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005807

**Entity Name:** BANK OF AMERICA CORPORATION

**Current Principal Place of Business:**

100 N TRYON ST  
CHARLOTTE, NC 28255

**Current Mailing Address:**

150 N COLLEGE ST  
NC1-028-17-06  
CHARLOTTE, NC 28255 US

**FEI Number:** 56-0906609

**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            MOYNIHAN, BRIAN T  
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            SECRETARY  
Name            GILLIAM, ALLISON L  
Address        150 N COLLEGE ST; NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title            TREASURER  
Name            MAGASINER, ANDREI 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