

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005312

FILED
Jan 13, 2009
Secretary of State

Entity Name: BANC OF AMERICA STRATEGIC SOLUTIONS, INC.

Current Principal Place of Business:

100 NTRYON ST
NC1-007-25-03
CHARLOTTE, NC 28255

New Principal Place of Business:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255

Current Mailing Address:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255

New Mailing Address:

FEI Number: 52-1710675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEIL, MICHAEL
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP () Delete
Name: SMITH, DUANE L
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC () Delete
Name: TAI, NINA
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: CFO () Delete
Name: FITZPATRICK, LESLIE J
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D (X) Delete
Name: BUIE, ELIZABETH S
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D (X) Delete
Name: FORREST, FRANK R JR
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DUANE L SMITH

SVP

01/13/2009

Electronic Signature of Signing Officer or Director

Date