

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004600

1. Entity Name

BANC OF AMERICA COMMERCIAL FINANCE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Wilton Corporate Ctr

Suite, Apt. #, etc.

187 Danbury Rd

City & State

Wilton CT

Zip

06897

Country

3. Mailing Address

401 N Tryon ST

Suite, Apt. #, etc.

NC1-021-02-20

City & State

Charlotte NC

Zip

28255

Country

Mecklenburg

FILED

02 OCT 23 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1379086

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S Pine Island Rd

City

Plantation

FL

Zip Code

33324

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PRES**  
**Kathleen Auda**  
**NC1-021-02-20**  
**401 N TRYON ST**  
**CHARLOTTE NC 28255**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SVP**  
**Greg S. Mroz**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SEC**  
**Gary J. Groot**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TREA**  
**A. Pier Meager**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DIR**  
**Mikeal R. Jones**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DIR**  
**Scott R. McGeein**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**9000008801399**  
**11/05/02--01028--021 \*\*758.75**

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REINSTATEMENT 02  
1178

DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg S. Mroz, SVP 10/ 2 / 02 704-386-1190

Date

Daytime Phone #