

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name NATIONSBANK CORPORATION		F97000005503	
Principal Place of Business 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28266		Mailing Address Same	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10-20-97		4. FEI Number 56-0906609	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when reappointing)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP President Kenneth D. Lewis 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28266		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary James W. Kiser		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP SVP Gary S. Williams		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO Hugh L. McColl, Jr.		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Andrew Craig		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP Director C. Ray Holman		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Gary S. Williams		500002597455 -07/24/98-01025-008 ***550.00	

CR2E034 (10/97)