

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000004575**1. Entity Name
BANC OF AMERICA INSURANCE SERVICES, INC.

Principal Place of Business

401 N TRYON STREET

CHARLOTTE
28255

NC

Mailing Address

401 N TRYON STREET

CHARLOTTE
28255

NC

2. Principal Place of Business

401 N TRYON STREET

3. Mailing Address

401 N TRYON STREET

Suite, Apt. #, etc.

NC1-021-02-20

Suite, Apt. #, etc.

NC1-021-02-20

City & State

CHARLOTTE

NC

City & State

CHARLOTTE

NC

Zip

28255

Country

Zip

28255

Country

4. FEI Number

52-1523496

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

FL

US

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

05/01/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	V	<input type="checkbox"/> Delete
NAME	GREENE STEPHEN S	
STREET ADDRESS	201 NORTH TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOYE MIKE J	
STREET ADDRESS	1310 S. MAIN ST	
CITY-ST-ZIP	MT AIRY MD 21771	
TITLE	SV	<input type="checkbox"/> Delete
NAME	FITCHETT W. CALVIN	
STREET ADDRESS	2059 NORTHLAKE PKWY	
CITY-ST-ZIP	TUCKER GA 300845399	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRABOWSKI ANNE H	
STREET ADDRESS	201 N. TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHIPPS EUGENE H	
STREET ADDRESS	201 N. TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	C	<input type="checkbox"/> Delete
NAME	PURVIS DEAN A	
STREET ADDRESS	201 N. TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLERIN J KEITH	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK EDWARD J	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MROZ GREG S	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURVIS DEAN A	
STREET ADDRESS	401 N. TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLERIN J KEITH	
STREET ADDRESS	401 N. TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORLAN ROBERT R	
STREET ADDRESS	401 N. TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG S MROZ

SVP

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)