

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90018 001 *7,500.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000005807

1. Corporation Name
BANKAMERICA CORPORATION



Principal Place of Business Mailing Address
 100 NORTH TRYON ST. 100 NORTH TRYON ST.
 CHARLOTTE NC 28255 CHARLOTTE NC 28255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1998

4. FEI Number

56-0906609

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 **401 N TRYON ST
 CHARLOTTE NC 28255**

26 **401 N TRYON ST
 CHARLOTTE NC 28255**

22
 23 Zip Country

27
 28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **CD MCCOLL JR, HUGH L**
 STREET ADDRESS **100 NORTH TRYON COURT**
 CITY-ST-ZIP **CHARLOTTE NC**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **PD COULTER, DAVID A**
 STREET ADDRESS **315 MONTGOMERY STREET**
 CITY-ST-ZIP **SAN FRANCISCO CA**

2.1 TITLE Change Addition
 2.2 NAME **Pres. Kenneth D. Lewis**
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **V HANCE JR, JAMES H**
 STREET ADDRESS **100 NORTH TRYON STREET**
 CITY-ST-ZIP **CHARLOTTE NC**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VS KISER, JAMES W**
 STREET ADDRESS **100 NORTH TRYON STREET**
 CITY-ST-ZIP **CHARLOTTE NC**

4.1 TITLE Change Addition
 4.2 NAME **Sec James W. Kiser**
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T PETERS, RAYMOND R**
 STREET ADDRESS **315 MONTGOMERY STREET**
 CITY-ST-ZIP **SAN FRANCISCO CA**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **V WILLIAMS, GARY S**
 STREET ADDRESS **100 NORTH TRYON STREET**
 CITY-ST-ZIP **CHARLOTTE NC**

6.1 TITLE Change Addition
 6.2 NAME **VP Duane L. Smith**
 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, with all other like empowered.

SIGNATURE: *Duane L. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duane L. Smith Date

4-23-99

704-388-2460 Daytime Phone #

CR2E034 (1/98)