

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005807

FILED
Mar 02, 2011
Secretary of State

Entity Name: BANK OF AMERICA CORPORATION

Current Principal Place of Business:

100 N TRYON ST
CHARLOTTE, NC 28255

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 56-0906609 **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

OFFICERS AND DIRECTORS:

Title: P/D
Name: MOYNIHAN, BRIAN T
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP
Name: MCNAIRY, WILLIAM L
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC
Name: HEARLD, ALICE A
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: CFO
Name: PRICE, JOE L III
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D
Name: BIES, SUSAN S III
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D
Name: SCULLY, TOBERT W
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L. MCNAIRY

SVP

03/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date

Allen, Andrea D. F98 000005807 3/2/11

From: Tarkington, Michael W [michael.tarkington@recontrustco.com]
Sent: Wednesday, March 02, 2011 2:36 PM
To: Allen, Andrea D.
Subject: Additional Officers to Annual Report

Bank of America
Document # F98000005807

Title: VP
Name: Tara Taylor
Address: 2595 W. Chandler Blvd
City: Chandler, AZ 85224

Title: AVP
Name: Icela Lopez
Address: 2595 W. Chandler Blvd
City: Chandler, AZ 85224

Title: AVP
Name: Kathy Cochran
Address: 2595 W. Chandler Blvd
City: Chandler, AZ 85224

Title: AS
Name: Michael Tarkington
Address: 2595 W Chandler Blvd
City: Chandler, AZ 85224

Title: SVP
Name: Jefferson Davis
Address: 4161 Piedmont Pkwy
City: Greensboro, NC 27410

Title: AVP
Name: Lisa Pierce
Address: 4161 Piedmont Pkwy
City: Greensboro, NC 27410

Michael Tarkington
ReconTrust
Lien Release
Post Closing and Central Services
Office: 480-224-6173
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