

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 26, 2001 08:00 AM****Secretary of State****DOCUMENT # M98000000061****1. Entity Name**
BANC OF AMERICA SECURITIES LLC

Principal Place of Business	Mailing Address
100 NORTH TRYON ST NC1-007-20-01 CHARLOTTE NC 28255	401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255

2. Principal Place of Business	3. Mailing Address
401 N TRYON ST Suite, Apt. #, etc. NC1-021-02-20 City & State CHARLOTTE NC	401 N TRYON ST Suite, Apt. #, etc. NC1-021-02-20 City & State CHARLOTTE NC
Zip 28255	Country

4. FEI Number
56-2058405

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 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 ROAD

PLANTATION FL
33324 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** _____ **07/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKEEN JOHN K 401 N TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIFFIN ROBERT 401 N TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEMAN LEWIS W 600 MONTGOMERY STREET SAN FRANCISCO CA 94111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUNN THOMAS W 100 NORTH TRYON STREET CHARLOTTE NC 28255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN EDWARD JIII 100 NORTH TRYON STREET CHARLOTTE NC 28255 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MROZ GREG S 401 N TRYON STREET NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLELLAND CARTER 401 N TRYON STREET NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HODGES WILLIAM A 401 N TRYON STREET NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSS RICHARD 401 N TRYON STREET NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN EDWARD JIII 401 N TRYON STREET NC1-021-02-20 CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**SIGNATURE:** GREG S MROZ **MGR** **07/26/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)