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2002 UNIFORM BUSINESS REPORT/(UBR)				Aug 19, 2002 8:00 an
DOCUMENT #	P01066		Secretary of State 08-19-2002 90146 025 ***550.00	

BANC OF AMERICA AUTO FINANCE CORP. Principal Place of Business Mailing Address 401 N TRYON STREET 401 N TRYON STREET CHARLOTTE NC 28255 **CHARLOTTE NC 28255** 2. Principal Place of Business 3. Mailing Address 10301 Deerwood 401 N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NCI-021-02 City & State City & State 4. FEI Number Applied For Jacksonville Ŧ١ arlotte 95-3224681 Not Applicable Zip Country Zip Country \$8.75 Additional 32256 5. Certificate of Status Desired 28255 Mecklenburg Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM-Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zio 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) Added to Fee: 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete Dir/Pres TITLE Change ☐ Addition 9,01 ROBINSON, FLOYD S NAME NAME iraig R. Resato STREET ADDRESS **401 N TRYON ST** STREET ADDRESS CR2E034 NC1-021-02-20 CITY-ST-ZIP **CHAPLOTTE NC 28255** CITY-ST-ZIP **401 N TRYON ST** TITLE ☐ Delete **CHARLOTTE NC 28255** TITLE Change ☐ Addition NAME MROZ, GREG S NAME STREET ADDRESS **401 N TRYON ST** STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28255 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STARKE, EDWARD J _ NAME STREET ADDRESS 401 N. TRYON ST. STREET ADDRESS CITY-ST-ZIP **CHARLOTTE NC 28255** CITY-ST-71P TITLE ☐ Delete TITLE Change ☐ Addition NAME WITRICK, ELLEN NAME STREET ADDRESS 401 N. TRYON ST. STREET ADDRESS CITY-ST-70P **CHARLOTTE NC 28255** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FRY, STEVE J NAME STREET ADDRESS 401 N TRYON ST STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28255 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TELLUOHANN, ERIC NAME NAME STREET ADDRESS **401 N TRYON ST** STREET ADDRESS CITY-ST-7IP CHARLOTTE NC 28255 CITY-ST-ZIP

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: