

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01066

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: BANC OF AMERICA AUTO FINANCE CORP.

**Current Principal Place of Business:**

9000 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 95-3224681      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: COB ( ) Delete  
Name: ROSATO, CRAIG R  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP ( ) Delete  
Name: MROZ, GREG S  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: S ( ) Delete  
Name: STARK, EDWARD J  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: T ( ) Delete  
Name: MIXON, CAROLYN A  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: D ( ) Delete  
Name: FRY, STEVE J  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVP (X) Change ( ) Addition  
Name: MAYD, SUSAN D  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC (X) Change ( ) Addition  
Name: SMITH, CONNIE B  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN D MAYS

SVP

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date