

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32354

1. Entity Name

BANC OF AMERICA VENDOR FINANCE, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90026 014 ***550.00

Principal Place of Business

450 "B" STREET
SAN DIEGO CA 92131
US

Mailing Address

PO BOX 37000
C/O TAX DEPT #10067-5P
SAN FRANCISCO CA 92131
US

2. Pr NC1-021-03-09

401 N TRYON ST
CHARLOTTE NC 28255

3. M NC1-021-03-09

401 N TRYON ST
CHARLOTTE NC 28255



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

93-1043156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME GEIST, JOHN
STREET ADDRESS 121 W. TRADE ST.
CITY-ST-ZIP CHARLOTTE NC 28255-0001 ☐ Delete

TITLE
NAME Address applies to all
STREET ADDRESS NC1-021-03-09
CITY-ST-ZIP 401 N TRYON ST
CHARLOTTE NC 28255 ☐ Change ☐ Addition

TITLE V
NAME CONRADI, CHARLES R
STREET ADDRESS 799 MARKET STREET
CITY-ST-ZIP SAN FRANCISCO CA 94103-2033 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME BROWE, D A
STREET ADDRESS 555 CALIFORNIA ST
CITY-ST-ZIP SAN FRANCISCO CA 94108 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME WALTER, RICHARD C
STREET ADDRESS 555 CALIFORNIA ST., 5TH FLOOR
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HARRIS, RICHARD V
STREET ADDRESS 555 CALIFORNIA ST., 5TH FLOOR
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME STARK, EDWARD J
STREET ADDRESS 730 15TH STREET NW
CITY-ST-ZIP WASHINGTON DC 20005 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-00
Duane L. Smith, SYP

704-388-2460

Daytime Phone #

CR2E034 (5/00)