

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
05-16-2001 90253 037 \*\*\*150.00

**DOCUMENT #** P92000015356  
**1. Entity Name**  
Bank of America Business  
Finance Corporation

**Principal Place of Business**  
NC1-021-02-20  
401 N TRYON ST  
CHARLOTTE NC 28255

**Mailing Address**  
NC1-021-02-20  
401 N TRYON ST  
CHARLOTTE NC 28255

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number**  
59-3145023

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

**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** \_\_\_\_\_  
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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	Stuart M. Brister	NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255		<input type="checkbox"/>
SVP	Greg S. Mroz			<input type="checkbox"/>
SECRETARY	Patricia T. Rioux			<input type="checkbox"/>
TREASURER	Patricia T. Rioux			<input type="checkbox"/>
DIRECTOR	Stuart M. Brister			<input type="checkbox"/>
DIRECTOR	Doug E. Monda			<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Greg S. Mroz **GREG S. MROZ, SVP: 704-386-5591** 4- -01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)