

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90146 025 \*\*\*550.00

DOCUMENT # **P01066**

1. Entity Name  
**BANC OF AMERICA AUTO FINANCE CORP.**

Principal Place of Business

**401 N TRYON STREET  
 CHARLOTTE NC 28255**

Mailing Address

**401 N TRYON STREET  
 CHARLOTTE NC 28255**

2. Principal Place of Business

**10301 Deerwood Park Blvd**

3. Mailing Address

**401 N Tryon St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NCI-021-02-20**

City & State

**Jacksonville FL**

City & State

**Charlotte NC**

4. FEI Number

**95-3224681**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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, 2002 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	Delete
P	ROBINSON, FLOYD S	401 N TRYON ST	CHARLOTTE NC 28255	<input checked="" type="checkbox"/>
SVP	MROZ, GREG S	401 N TRYON ST	CHARLOTTE NC 28255	<input type="checkbox"/>
S	STARKE, EDWARD J	401 N TRYON ST	CHARLOTTE NC 28255	<input type="checkbox"/>
T	WITRICK, ELLEN	401 N TRYON ST	CHARLOTTE NC 28255	<input type="checkbox"/>
D	FRY, STEVE J	401 N TRYON ST	CHARLOTTE NC 28255	<input type="checkbox"/>
D	TELLJOHANN, ERIC	401 N TRYON ST	CHARLOTTE NC 28255	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<i>Dir / Pres</i> Craig R. Rosato	NC 1-021-02-20 401 N TRYON ST	CHARLOTTE NC 28255	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

*Greg S. Mroz* 4-29-02 704-386-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Greg S. Mroz, SVP**

Date

Daytime Phone #

CR2E034 (9/01)