

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000526

Entity Name: BRACEBRIDGE CORPORATION**Current Principal Place of Business:**ONE FEDERAL ST
BOSTON, MA 02110**Current Mailing Address:**150 N COLLEGE ST; NC1-028-17-06
CHARLOTTE, NC 28255 US**FEI Number:** 51-0342747**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	D
Name	BOZEMAN, JULIAN F
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	SVP
Name	PRITCHARD, JASON
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	SEC
Name	BARNES, MARIA S
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	T
Name	WOLFE, JENNIFER M.
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255-0001

Title	P
Name	VAIL, ROBERT C
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

I hereby 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 all other like empowered.

SIGNATURE: JASON PRITCHARD

SVP

04/22/2014

Electronic Signature of Signing Officer/Director Detail_____
Date