

2000 UNIFORM BUSINESS REPORT (UBR)

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

08-08-2000 90026 014 ***550.00

DOCUMENT # P32354

1. Entity Name
BANC OF AMERICA VENDOR FINANCE, INC.

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**



DO NOT WRITE IN THIS SPACE

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**

City & State
 City & State
 4. FEI Number **93-1043156** Applied For
 Not Applicable

Zip Country Zip Country
 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 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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	CD GEIST, JOHN 121 W. TRADE ST. CHARLOTTE NC 28255-0001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Address applies to all</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition NC1-021-03-09 401 N TRYON ST CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONRADI, CHARLES R 799 MARKET STREET SAN FRANCISCO CA 94103-2033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWE, D A 555 CALIFORNIA ST SAN FRANCISCO CA 94108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALTER, RICHARD C 555 CALIFORNIA ST., 5TH FLOOR SAN FRANCISCO CA 94104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, RICHARD V 555 CALIFORNIA ST., 5TH FLOOR SAN FRANCISCO CA 94104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STARK, EDWARD J 730 15TH STREET NW WASHINGTON DC 20005 <input type="checkbox"/> Delete	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)(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 **Duane L. Smith, SYP** Date **7-19-00** Daytime Phone # **704-388-2460**

CR2E034 (5/00)