

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90073 042 ***150.00

OPTIONAL AT

DOCUMENT # P32354

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

Principal Place of Business Mailing Address

401 N TRYON ST **401 N TRYON ST**
CHARLOTTE NC 28255 **CHARLOTTE NC 28255**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

450 B St **401 N Tryon St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1600 **NC1-021-02-20**
 City & State City & State
San Diego Ca **Charlotte NC**
 Zip Country Zip Country
92101 **28255** **Mecklenburg**

4. FEI Number Applied For

93-1043156 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 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	P	<input type="checkbox"/> Delete
NAME	FLEISCHER, RICHARD R	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MROZ, GREG S	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	S	<input type="checkbox"/> Delete
NAME	STARK, EDWARD S.	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEYES, ROBERT A JR	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRERTN, MICHAEL A	
STREET ADDRESS	401 N. TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, RICHARD V	
STREET ADDRESS	401 N. TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28255	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Drevno, Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **4-30-02** **704-386-5591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GREG S. MROZ SVP

CR2E034 (9/01)