

FR G-FIN

OMB No. 7100-0224

Average hours per response: 1.0 Approval expires April 30, 2010

### Form G-FIN

Notice of Government Securities Broker of **Government Securities Dealer Activities** To Be Filed by a Financial Institution Under Section 15C(a)(1)(B)

Of the Securities Exchange Act of 1934

Check appropriate regulatory agency (ARA):	2. Conducts business as:					
<ul> <li>A. x Comptroller of the Currency</li> <li>B. Board of Governors of the Federal Reserve System</li> <li>C. Federal Deposit Insurance Corporation</li> <li>D. Office of Thrift Supervision</li> </ul>	A. Government Securitien B. Government Securitien C. x Government Securitien	es Dealer				
granuling	3. Filing status of notice:					
	A.  Notice B. x Amendment	SECURITIES AND EXCHANGE COMMISSION RECEIVED				
A. Full name of the financial institution:						
Bank of America, N.A.		MAY 1 2 2010				
B. Address of principal office of financial institution:		BRANCH OF REGISTRATIONS AND 02 EXAMINATIONS				
100 North Tryon Street, Charlotte, NC 28255						
C. Address of principal office where government securities broker or government securities dealer activities will be conducted (if different than item (B)):						
214 N. Tryon Street, Charlotte, NC 28255						
D. Mailing address if different from (B) or (C):						
901 W. Trade Street, 4 <sup>th</sup> Floor, NC1-003-04-2	6, Charlotte, NC 28255					
E. Name, title and telephone number of contact persor	with respect to this notice:					
Christy Berthelsen SVP/Senior F	Registration Manager	980-386-9749 Telephone				
5. Does financial institution conduct, or will it conduct, governat any location other than given in Question 4 above? (If yes, provide addresses and describe activities.)		ernment securities dealer activities				
600 Peachtree Street, N.E., Atlanta, GA 30308						
901 Main Street, Dallas, TX 75202						
333 S. Hope Street, Los Angeles, CA 90071						
800 Fifth Avenue, Seattle, WA 98104						
800 Market St., St. Louis, MO 63101						

Bank of America, N.A. (#5 continued)

101 California St., San Francisco, CA 94111		_
One Bryant Park, New York, NY 10036		
1 Financial Center, Boston, MA 02111		
8300 Greensboro Drive, McLean, VA 22102		_
701 Brickell Ave., Miami, FL 33131		
1 N. Wacker Drive, Chicago, IL 60606	·	
200 N. College Street, Charlotte, NC 29255		

6. Furnish the name and title of each person who is directly engaged in the management, direction or supervision of any of the financial institution's government securities broker or government securities dealer activities:

### Full Name

Last		First	Middle	Title
Guardino		Joseph	Anthony	Managing Director
Last		First	Middle	Title
*Berretta		Frederick	Ray	Managing Director
Last		First	Middle	Title
Mann		John	Roy	SVP
Last		First	Middle	Title
Wyatt, III		Robert	Theodore	SVP
Last		First	Middle	Title
Schuer		Christopher	Charles	Principal
Last		First	Middle	Title
Airing		Bradley	Todd	SVP
Last		First	Middle	Title
Walsh		Christopher	Greg	Managing Director
Last		First	Middle	Title
York		Michael	Francis	Principal
Last		First	Middle	Title
Sherman		Vaughn	Leroy	Managing Director
Last		First	Middle	Title
Van Vooren		Daniel	Albert	VP
Last		First	Middle	Title
Fannan		Philip	Michael	SVP
Last		First	Middle	Title
Winston		Dorothea	Welcing	SVP
Winston Last	First	Dorothea	Welcing Middle	SVP Title
	First First	Dorothea Thomas		

Bank of America, N.A. (#6 continued) **SVP** John Alexander Mason, Jr. Title Middle Last First German **Principal** Stiglich Sergio Middle Title First Last Managing Director \*Hollender Steven Ira Middle Title Last First Note: Attach a separate Form G-Fin-4 (or, if previously filed, a copy of Form MSD-4 or Form U-4) for each person named in response to Item 6. \* New names added 7. Has any "associated person" (see definition in paragraph A.7. of the Instructions) responded "yes" to any question in Item 17 of Form G-Fin-4, or "yes" to one or more questions in Items 23 through 26 of Form MSD-4 or Item 22 on Form U-4? A.X ☐ Yes B. ☐ No Note: The financial institution and the person executing this form are responsible for making an inquiry of all other employers of any associated person during the immediately preceding three years for the purpose of verifying the accuracy of the information furnished on Form G-FIN-4. (See17 C.F.R. 400.4(c).) Similar requirements are applicable to Form MSD-4 and Form U-4. 8. The financial institution submitting this notice and the person executing it represent that all of the information contained herein is true, current and complete. Please print name and title of person executing this notice: **SVP** Kevin G Finnegan Middle Title First Last

Manual Signature

April 15, 2010

Date

## FORM G-FIN-4

Disclosure Form for Person Associated with a Financial Institution Government Securities Broker or Dealer

OMB APPROVAL
OMB #1535-0089

V	v	v	J	

1. A	Applicant Name Hollender Steven
	Last First Middle (If none, so specify)
Æ	Financial Institution Government Securities Broker or Dealer:  A. Name Gank of America N. H.  B. Registration Number Stall 49  C. Main Address All M. Toylob St. Charloth (C. 2825)
3. (	Office of Employment of Applicant
4.	Date of Employment of Applicant 3 10
! !	To Be Filed With The Following (Indicate One):  Board of Governors of the Federal Reserve System.  Comptroller of the Currency.  Federal Deposit Insurance Corporation.  Director Office of Thrift Supervision.
6. 1	It is anticipated that the applicant will perform the following functions in the capacity indicated:  Capacity
•	A. Underwriting, trading or sales of government securities:  B. Financial advisory or consultant services for Issuers in connection with the issuance of government securities:  C. Research or investment advice, other than general economic information or advice, with respect to government securities in connection with the activities described in (A) and (B) above:  D. Activities other than those specifically mentioned which involve communication, directly or indirectly, with public investors in government securities in connection with the activities described in (A) and (B) above:  E. Processing and clearance activities with respect to government securities:  F. Maintenance of records involving activities described in (A) through (E) above:
7.	For the purpose of verifying the information furnished on this form by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided.
	Employer Name and Position of Person Contacted
	Bank of Amenia Security Bryon Wadock /Mn Hadof Fixed
	phione sales
	3 10 10  Date Print Name of Supervisor of Applicant Signature of Supervisor of Applicant
	PERSONAL HISTORY OF APPLICANT
8.	Hillender Steven I 9.
0.	Last Name First Middle Social Security Number (Completion is not mandatory)  12 Troy Lune 11 57 or Hills WT C7073  Resident Street Addréss City State ZIP Code
2.	Resident Street Addréss  City State ZIP Code  13.     Coth Andrey   NT
4.	Any other name ever used or by which known:

Name of Employer, Complete Address and Type of Business	From Mo. Yr.	To Mo. Yr.	Position Held	Reasor Leavir			Full or art Time
Renc Amenta lecurities	7/01	100 m	MD		-	•	Fid
Creditivase	8/94	77/04	Hn	かかがん	Risto		Tail 1
Cyan P Julie	<u> </u>				- C-3 17, 20		
<ol> <li>Residential History         The following is a complete, consecutive statement of all my resider     </li> </ol>	ntial addresses fo	or the past five yea	ars starting wit	h my current	reside	ntial	address
		·	From			To	
Address (Street, City, State, ZIP Code)			Mo. · Y		Mo.		ſг.
12 Those land, Short Hills, NJ 07078			810	Й	<del></del> :-	CV	(Man 1
							<u>-</u>
	·						
			•				
IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YE	S, ATTACH CO	IPLETE DETAIL	S				
<ul> <li>17. Definitions</li> <li>Investment or Investment-Related - Pertaining to securities, cor</li> </ul>	mmodities hanki	na insurance or	real estate (Inc	dudina, but r	ot limi	ted to	o actino
<ul> <li>Investment or Investment-Related - Pertaining to securities, cor as or being associated with a government securities broker or or</li> </ul>	tealer, municipal	securities dealer.	broker-dealer	, investment	compa	anγ.	o douing
investment adviser futures sponsor, bank, or savings and loan	association).						
Involved - Doing an act or aiding, abetting, counseling, commar	nding, Inducing, o	conspiring with or	failing reason	ably to super	vise ar	nothe	er in
doing an act							100
Foreign Financial Regulatory Authority - Includes any (a) foreign	n securities auth	ority; (b) other gov	emmental bo	dy or foreign	equiva	alent	of a se
regulatory organization empowered by a foreign government to	administer or er	force its laws rela	ting to the reg	ulation of inv	estme	nt or	
investment-related activities; or (c) membership organization, a	function of which	h is to regulate the	particlpation	of its member	ers in ti	he ac	ctivities
listed above							
A. Have you, within the 10 years preceding the date of this filing, t	peen convicted o	f or plead guilty or	nolo contend	ere ("no cont	est") ir	n a d	omestic
or foreign court to: (1) a felony or misdemeanor involving: investments or an inves	stment-related hi	isiness fraud fals	se statements	or omissions	3.		
wrongful taking of property, or bribery, forgery, counterfeiting	g or extortion?				. Yes		No 🖸
(2) any other felony?	_ .,				. Yes		No 🔃
and the second s							
B. Has any domestic or foreign court ever:     (1) enjoined you in connection with any investment-related activities.	vity?				. Yes		No 🗓
(2) found that you were involved in a violation of investment-rel	lated statutes or	regulations?			. Yes		No [i
C. Has the U.S. Securities and Exchange Commission or the Com	nmodity Futures	Trading Commissi	on ever:		Vaa		No 🗂
(1) found you to have made a false statement or omission?					. Tes	H	NO [
(2) found you to have been involved in a violation of investmen	t-related regulation	ons or statutes r .			. 163	Ш	140 87
(3) found you to have been a cause of an investment-related by business denied, suspended, revoked, or restricted?	usiness naving it	s authorization to	uu		Yas		No I되
(4) entered an order denying, suspending or revoking your regi	istration or discin	lined you by				ப	رے ۱۰۰
restricting your activities?					. Yes		No 🗹
(5) imposed a civil money penalty on you, or ordered you to ce	ase and desist fr	om any activity?.			. Yes		No 🗌
D. Has any other federal regulatory agency, any state regulatory a			21 22 .	Vor.			
	agency, or foreigi	n financial regulat	ory authority e	VC1.			
(1) found you to have made a false statement or omission or be	een dishonest, u	nfair or unethical?			. Yes		No 🖾
(1) found you to have made a false statement or omission or be (2) found you to have been involved in a violation of investmen	een dishonest, u t regulations or s	nfair or unethical? tatutes?			. Yes . Yes		_
<ul> <li>(1) found you to have made a false statement or omission or be</li> <li>(2) found you to have been involved in a violation of investmen</li> <li>(3) found you to have been a cause of an investment-related be</li> </ul>	een dishonest, u t regulations or s usiness having it	nfair or unethical? tatutes? s authorization to	 do		. Yes		No 🖸
(1) found you to have made a false statement or omission or be (2) found you to have been involved in a violation of investmen (3) found you to have been a cause of an investment-related be business depied, suspended, revoked, or restricted?	een dishonest, u it regulations or s usiness having it	nfair or unethical? tatutes? s authorization to	do		. Yes		No ☐ No ☐
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<ol> <li>(1) found you to have made a false statement or omission or be</li> <li>(2) found you to have been involved in a violation of investmen</li> <li>(3) found you to have been a cause of an investment-related be business denied, suspended, revoked, or restricted?</li> <li>(4) entered an order against you in connection with investment</li> <li>(5) denied, suspended, or revoked your registration or license associating with an investment related business, or discipling</li> <li>(6) revoked or suspended your license as an attorney, account</li> <li>E. Has any self-regulatory organization or commodities exchange</li> <li>(1) found you to have made a false statement or omission?</li> <li>(2) found you to have been Involved in a violation of its rules?</li> <li>(3) found you to have been the cause of an Investment-related business denied, suspended, revoked or restricted?</li> </ol>	een dishonest, u- t regulations or s usiness having it -related activity? or otherwise prev ned you by restri- tant or federal co : business having ership, barring or	nfair or unethical? tatutes? s authorization to vented you from cting your activitie ntractor? its authorization to	do s? o do association w	ith Its	. Yes . Yes . Yes . Yes . Yes . Yes . Yes		No N

H. Have you been discharged or permitted to resign because you were accused of:  (1) violating investment-related statutes, regulations, rules, or industry standards of conduct?  (2) fraud or the wrongful taking of property?  (3) failure to supervise in connection with investment-related statutes, regulations, rules or industry	X0 [Z] X0 [Z] X0 [Z]
Date 3/16/10 Signature of Applicant Arms Addition	
FORM G-FIN-4 ACKNOWLEDGMENT	
18. Applicant Nan. Steven Hollender  19. Financial Institution Government Securities Broker or Dealer Name Bank of American A  20. Financial Institution Government Securities Broker or Dealer Address 901 W. Trade St.  Receipt S	stamp
21. Attention: Laytonya Ballard	
WHEN THE FORM G-FIN-4 IS RECEIVED BY THE APPROPRIATE REGULATORY AGENCY, THIS ACKNOWLEDGMENT WILL BE STAMPED TO SHOW RECEIPT AND RETURNED TO THE PERSON NAMED IN ITEM 21. THE STAMPED ACKNOWLEDGMENT SHOULD BE RETAINED TO SUBSTANTIATE FILING.	

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to: Bureau of the Public Debt, Government Securities Regulations Staff, Room 315, 999 E Street, N.W., Washington, DC 20239-0001; and to the Office of Management and Budget, (1535-0089) Washington, DC 20503.

# FORM MSD-4

Uniform Application for Municipal Securities Principal or Municipal Securities Representative Associated with a Bank Municipal Securities Dealer

	BANK OF AMERICA, N.A.  a. NAME BANK OF AMERICA, N.A.	
	8. REGISTRATION NUMBER	- · · · · · · · · · · · · · · · · · · ·
	C. MAIN ADDRESS	-
	OFFICE OF EMPLOYMENT OF APPLICANT	
	DATE OF EMPLOYMENT WITH MSD MODIFY Day	Year .
	TO BE FILED WITH THE FOLLOWING (check one):  Comptroller of the Currency  Board of Governors of the Federal Reserve System  Federal Deposit Insurance Corpor	ation[
	TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):  Municipal Securities Representative	
	It is anticipated that the applicant will perform the following functions It is anticipated that the applicant will perform the following functions It is anticipated that the applicant will perform the following functions  Supervisory No A. Underwriting, trading or sales of municipal securities:	n–Supervisory ∐
	Financial advisory or consultant services for lestiers in connection with the issuance of municipal securities:	
	C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	
	0. Activities other than those specifically montioned that involve communication directly or indirectly with	
	public investors in municipal securities in connection with the activities described in flores 7.A and 7.0 above:	
	F. Processing and clearing activities with respect to municipal securities:	N/A
	F. Maintenance of records involving activities described in items 7.A through 7.E above:	N/A
	G. Training of municipal securities principals or municipal securities representatives:	ŅVA
	For the purpose of verifying the information flynished on this application by the applicant named in item 1 above, this institution has more of all employers of the applicant during the immediately proceding three years, as set forth below, concerning the accuracy and compliant matter provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which to be comployed.  NAME AND POSITIO	eteness of the employed or
	EMPLOYER PERSON CONTACTS	
_		

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING, INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78(I.)

### PERSONAL HISTORY OF APPLICANT

Name: Last First	Patr TARIL		1	ecurity (dumber (op)	(kuneri)	28/24
Resident Sucol Address .	MAS MOTICE		12. // /	7/1/2/03 S	iate	Zlp
5/13/67			14. Me	EMPHIS,	TN 15	4
Date of Birth (Month/Day/Year)		,	rinca of	ыла (слу, этан и	fapplicable), Count	ry)
. Any other namio ever used or by	which known;	N/4				
FMPLOYMENT AND EDUCATK starting with any armodiately preseducation). For each period of e	vious erspioyer. (Include fi	ull- and part-lin	ne work, salf em	ployment, military s	employment for the service, unemploym	past ten years ent, and full-lime
ame of Employor and ombiolo Address	Type of Business	From	To mm/w	Position Held	Reason For	Full Time or Part Time
BANK OF PARRICA	)	1/14/9	DOESE	MY VARION	SALA	Fell Tinls
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	•			•		•
The second secon	VALUE OF THE PARTY	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·				
RESIDENTIAL HISTORY. The my current reddence:	futlowing is a complete, co	nscoulive state	ment of all my n	ecidentist addresse	is for the past live y	ears starting with
my current realdonce:	-	nscculțive slalo	ment of all my n	[ī	oin	To .
RESIDENTIAL HISTORY. The my cumunit redidence:	-	nscculive state	ment of all my n	[ī		
my current realdence:	ontry)	nscoulive state	mont of all my n	[ī	oin	To
my current realdonce:	ontry)	nscoulive state	ment of all my n	[ī	oin	To .

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representation operations principals prescribed by the Municipal Securities Rulemaking Rhard? Yes  No	tives, or financial i	end
If yes, state below the typo of examination and the approximate date taken.	•	
Type of Examination SERIGS 53 Approximate Data (mm/yy) Const / D	9	·····
Type of Examination Approximate Onte (mm/yy)		
<ol> <li>Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the r Cuestion 18 Λ? Yes Π Νο Π</li> </ol>	ature specified in	
If yes, state below the type of examination, the basis for such examption or waiver, and, in the case of a waiver, the approxim	iate date.	
Type of Examination Basis for Examplion or Waiver Approximate Date (mm/yy)		•
Type of Examination Boels for Examplion or Waiver Approximate Date (mm/yy)		
10. Are you currently bonded?	Yes M	
if the answer to any of the following questions is yes, attach complete details:		
20. Have you ever been refused coverage under a lidelity burid or has any surety nompetry poid out any funds on your coverage or cancelled such coverage?	Ү Т	No id
<ol> <li>Have you over been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities</li> </ol>	***	~/
association, or registered clearing agency?	Yes []	No IT
22. Has any disciplinary action ever been taken against you, or any senction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an airler, abetter, or co-complicator in any such violation, by any federal or state securities or federal or state bank regulatory.		_
agency, any national securities exchange, registered securities association, or registered clearing agency?	Yea 🗆	No 🗗
23. White you were associated in any capacity with any broker, dealer or municipal securities dealer:	f	
Was your registration denied, suspended or revoked?	Ycs 📙	No La
3. Was your membership in any national securities excitange, registered securities association, or registered cleaning agency dunked, suspended, or revoked, or was it expelled from any such organization?	Yes 🗍	315 17
24. Flas any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwitter, broker, dealer or immicipal securities dealer or as an affiliated person of any investment company, bank realer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any		NO 19
transactions in any socurity?	Yes 🗌	No B
28. Have you been convicted within the past ten years of any telony or misdemeanor. (i) involving the purchase or sale of any security, the laking of a falso cosh, the making of a falso report, bribery, perjury, burgtary, or conspirany to committee the property such offense; (ii) arising out of the conduct of the business of a broker, logior, municipal securities dealer, investment advisar, bank, insurance company, or iductiony; (iii) involving arriveny, theft, nobbery, extention, forgery, connectating, faudulant concollment, embezzionent, fraudulant conversion, or misappropriation of funds or securities; (iv) involving chines of concealment of assets, false oaths or claims, billiony in a transmission proceeding.		_
mail fizued, fraud by wire (including telephone, telegraph, radio, or television), traud or false statements?	Yos 🗆	No D
Date 1/10/10 Signature of Applicant		

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Acknowledgement for FORM MSD-4 位 FORM G-FIN-4 1



26.	Applicant Name	FREDERICK	£.	BE	RRE	= 7	FA	C	TR.
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27. Bank Municipal Securities Dealer Name

KOF HUERICA. N.S

Receipt Stamp

11(1-003-04-26 28. Bank Municipal Securities Dealer Address Charloffine 28255

WHEN THE FORM MISD-4 IS RECEIVED BY THE APPROPRIATE REGULATORY AGENCY, THIS ACKNOWLEDGEMENT WILL BE STAMPED TO SHOW RECEIPT AND RETURNED TO THE PERSON NAMED IN ITEM 29. THE STAMPED ACKNOWLEDGEMENT SHOULD BE RETAINED TO SUBSTANTIATE FILING.

#### Mail the form to the Regulator indicated in item 5

The Office of the Comptroller of the Currency Credit and Market Risk, (MS 9-14) 250 E. Street, S.W. Washington, DC 20219

Board of Governors of the Federal Reserve System Special Activities Section Mail Stop 406 20th and C Streets, N.W. Washington, DC 20551

Federal Deposit Insurance Corporation Division of Supervision Securities, Capital Markets, and Trust Branch Room F-2052 550 17th Street, N.W. Washington, DC 20429