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FR G-FIN
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SECURITIES AND EXCHANGE COMMISSION
RECEIVED
DEC 27 2010
BRANCH OF REGISTRATION
AND EXAMINATIONS

Form G-FIN

RECEIVED
DEC 08 2010
Credit & Market Risk

Notice of Government Securities Broker or
Government Securities Dealer Activities
Filed by a Financial Institution Under Section 15C(a)(1)(B)
Of the Securities Exchange Act of 1934

1. Check appropriate regulatory agency (ARA):

- A. Comptroller of the Currency
- B. Board of Governors of the Federal Reserve System
- C. Federal Deposit Insurance Corporation
- D. Office of Thrift Supervision
- E. Securities and Exchange Commission

2. Conducts business as:

- A. Government Securities Broker
- B. Government Securities Dealer
- C. Government Securities Broker & Dealer

3. Filing status of notice:

- A. Notice
- B. Amendment

4. A. Full name of the financial institution:

Bank of America, N.A.

B. Address of principal office of financial institution:

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, 4th Floor, NC1-003-04-26, Charlotte, NC 28255

E. Name, title and telephone number of contact person with respect to this notice:

Christy Berthelsen

SVP/Senior Registration Manager

980-386-9749

Name

Title

Telephone

5. Does financial institution conduct, or will it conduct, government securities broker or government securities dealer activities at any location other than given in Question 4 above? A. Yes B. No

(If yes, provide addresses and describe 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
Sherman	Vaughn	Leroy	Managing Director
Last	First	Middle	
Fannan	Philip	Michael	SVP
Last	First	Middle	Title
Winston	Dorothea	Welcing	SVP
Last	First	Middle	Title
Mullen	Thomas	Cooper	SVP
Last	First	Middle	Title

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

Hollender Last	Steven First	Ira Middle	Managing Director Title
*Da Silva Last	Fabio First	Aparecido Middle	Managing Director Title
*Tipton Last	Nancy First	Rowell Middle	Director Title

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.

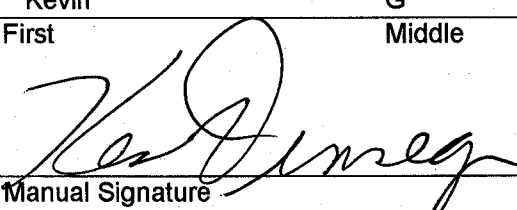
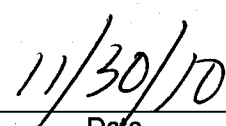
* New names added

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. 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. (See 17 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:

Kevin First	G Middle	Finnegan Last	SVP Title
			
Manual Signature			Date

FORM MSD-4
6/16/10

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

1. APPLICANT NAME Tipton Nancy Russell
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:
 A. NAME Bank of America N.A.
 B. REGISTRATION NUMBER 862146
 C. MAIN ADDRESS 214 N. Tryon St
Charlotte, NC 28214

3. OFFICE OF EMPLOYMENT OF APPLICANT 214 N. Tryon St Charlotte NC 28214
 4. DATE OF EMPLOYMENT WITH MSD August 25 2005
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):
 Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...

6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):
 Municipal Securities Representative..... Government Securities Representative.....
 Municipal Securities Principal..... Government Securities Supervisor.....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

	<i>Capacity</i>	
	Supervisory	Non-Supervisory
A. Underwriting, trading or sales of municipal securities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:	<input type="checkbox"/>	<input type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	<input type="checkbox"/>	<input type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above:	<input type="checkbox"/>	<input type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities:	<input type="checkbox"/>	N/A
F. Maintenance of records involving activities described in items 7.A through 7.E above:	<input type="checkbox"/>	N/A
G. Training of municipal securities principals or municipal securities representatives:	<input type="checkbox"/>	N/A

8. For the purpose of verifying the information furnished on this application 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, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

EMPLOYER	NAME AND POSITION OF PERSON CONTACTED

Date 6/8/10 Print Name of Municipal Securities Principal Frederick P. Beretta Signature of Municipal Securities Principal Frederick P. Beretta

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. 78ff.)

PERSONAL HISTORY OF APPLICANT

9. Tipton Nancy Lynn
 Name: Last First Middle

10. _____
 Social Security Number (optional)

11. 2655 Shamrock Rd
 Resident Street Address

12. Harrisburg NC 28075
 City State Zip

13. 4-7-71
 Date of Birth (Month/Day/Year)

14. Monroe, NC
 Place of Birth (City, State (if applicable), Country)

15. Any other name ever used or by which known: Nancy Lynn Rowell

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education). For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From mm/yy	To mm/yy	Position Held	Reason For Leaving	Full Time or Part Time
<u>Wachovia Securities</u>		<u>4/1999</u>	<u>8/2005</u>	<u>Sr. Sales Asst</u>	<u>another job offer</u>	<u>Full</u>

17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address (Street, City, State, ZIP, Country)	From mm/yy	To mm/yy
<u>2655 Shamrock Rd Harrisburg NC</u>	<u>11/2003</u>	<u>present</u>

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes No

If yes, state below the type of examination and the approximate date taken.

Type of Examination Series 53 Approximate Date (mm/yy) 01/2010

Type of Examination _____ Approximate Date (mm/yy) _____

- B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? Yes No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination _____ Basis for Exemption or Waiver Approximate Date (mm/yy) _____

Type of Examination _____ Basis for Exemption or Waiver Approximate Date (mm/yy) _____

19. Are you currently bonded? Yes No

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes No
21. Have you ever 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 association, or registered clearing agency? Yes No
22. Has any disciplinary action ever been taken against you, or any sanction 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 aider, abettor, or co-conspirator 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? Yes No
23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:
- A. Was your registration denied, suspended or revoked? Yes No
- B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes No
24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, 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 transactions in any security? Yes No
25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes No

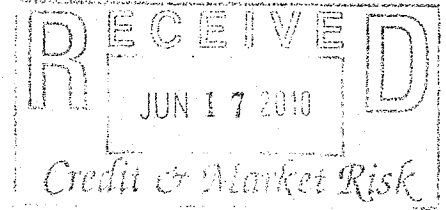
Date June 4, 2010

Signature of Applicant

[Handwritten Signature]

Acknowledgement for

FORM MSD-4
FORM G-FIN-4



26. Applicant Name Nancy Tipton
27. Bank Municipal Securities Dealer Name Bank of America/IA Receipt Stamp
28. Bank Municipal Securities Dealer Address 214 N. Tryon St. Charlotte, NC 28255
29. Attention: Laytonya Ballard

WHEN THE FORM MSD-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

6/11/10

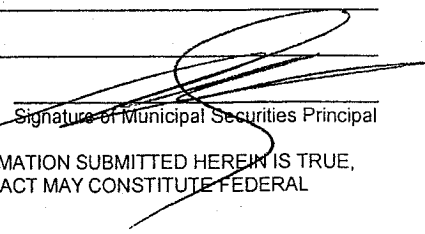
FORM MSD-4
Uniform Application for
Municipal Securities Principal or Municipal Securities Representative
Associated with a Bank Municipal Securities Dealer

1. APPLICANT NAME DA SILVA FABIO
Last First Middle (if none, write "n/a")
2. BANK MUNICIPAL SECURITIES DEALER:
A. NAME Bank of America N.A.
B. REGISTRATION NUMBER 86246
C. MAIN ADDRESS 214 W. Tryon St.
Charlotte, NC 28255
3. OFFICE OF EMPLOYMENT OF APPLICANT 1 BRYANT PARK - 4th FLOOR - NYC - NY
4. DATE OF EMPLOYMENT WITH MSD _____
Month Day Year
5. TO BE FILED WITH THE FOLLOWING (check one):
Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...
6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):
Municipal Securities Representative..... Government Securities Representative.....
Municipal Securities Principal.....n/a Government Securities Supervisor.....
7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):
- | | Capacity | |
|---|-------------------------------------|--------------------------|
| | Supervisory | Non-Supervisory |
| A. Underwriting, trading or sales of municipal securities: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities: | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above: | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above: | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Processing and clearing activities with respect to municipal securities: | <input type="checkbox"/> | N/A |
| F. Maintenance of records involving activities described in items 7.A through 7.E above: | <input type="checkbox"/> | N/A |
| G. Training of municipal securities principals or municipal securities representatives: | <input type="checkbox"/> | N/A |
8. For the purpose of verifying the information furnished on this application 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, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

EMPLOYER	NAME AND POSITION OF PERSON CONTACTED

04 JUN 2010
Date

FABIO A. DA SILVA
Print Name of Municipal Securities Principal


Signature of Municipal Securities Principal

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. 78ff.)

PERSONAL HISTORY OF APPLICANT

9. DA SILVA FABIO A
 Name: Last First Middle

10. _____
 Social Security Number (optional)

11. 2 RIVER TERRACE #7E, NY, NY
 Resident Street Address

12. NEW YORK NY 10282
 City State Zip

13. 04/30/69
 Date of Birth (Month/Day/Year)

14. TRES MARIAS - M-G - BRAZIL
 Place of Birth (City, State (if applicable), Country)

15. Any other name ever used or by which known: FABIO SILVA

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education). For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From mm/yy	To mm/yy	Position Held	Reason For Leaving	Full Time or Part Time
<u>GOLDMAN SACHS & CO.</u>	<u>IB</u>	<u>04/02</u>	<u>04/07</u>	<u>VP</u>	<u>JOIN ML</u>	<u>FULL</u>
<u>MERRILL LYNCH</u>	<u>IB</u>	<u>08/97</u>	<u>04/02</u>	<u>DIR.</u>	<u>JOIN GS</u>	<u>FULL</u>

17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address (Street, City, State, ZIP, Country)	From mm/yy	To mm/yy
<u>2 RIVER TERRACE, NY, NY, 10282</u>	<u>07/08</u>	<u>- PRESENT</u>
<u>273 WATER STREET, NY, NY, 10038</u>	<u>08/05</u>	<u>- 07/08</u>
<u>225 RECTOR PLACE, NY, NY, 10280</u>	<u>02/00</u>	<u>- 08/05</u>

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes No

If yes, state below the type of examination and the approximate date taken.

Type of Examination SERIES 9410 Approximate Date (mm/yy) 04/07

Type of Examination _____ Approximate Date (mm/yy) _____

B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? Yes No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination _____ Basis for Exemption or Waiver Approximate Date (mm/yy) _____

Type of Examination _____ Basis for Exemption or Waiver Approximate Date (mm/yy) _____

19. Are you currently bonded? Yes No

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes No

21. Have you ever 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 association, or registered clearing agency? Yes No

22. Has any disciplinary action ever been taken against you, or any sanction 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 aider, abettor, or co-conspirator 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? Yes No

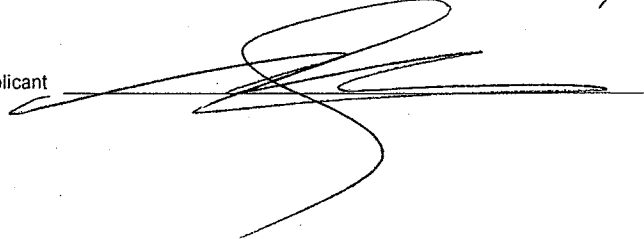
23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:
A. Was your registration denied, suspended or revoked? Yes No

B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes No

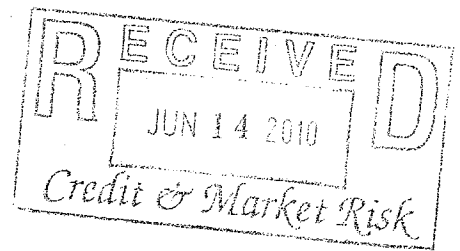
24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? Yes No

25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes No

Date 04 JUN 10

Signature of Applicant 

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



26. Applicant Name FABIO A. DA SILVA
27. Bank Municipal Securities Dealer Name Bank of America NA Receipt Stamp
28. Bank Municipal Securities Dealer Address 901 W. Trade St. Charlotte, NC 28255
29. Attention: Laytonya Ballard

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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