STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No. 141800

2. Name of Corporation Regent Street II, Inc.

3. Street Address Principal Business Office 10 WEYBOSSET STREET
City PROVIDENCE *State* RI *Zip* 02903-

4. Business Phone No. 3128286491

5. State of Incorporation DELAWARE

6. Brief Description of the Character of Business Conducted in Rhode Island
STRUCTURED FUNDING

7. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name STACEY A ALMOND
Street Address 401 N TRYON ST; NC1-021-02-20
City CHARLOTTE *State* NC *Zip* 28255

Vice President Name GREG S MROZ
Street Address 401 N TRYON ST; NC1-021-02-20
City CHARLOTTE *State* NC *Zip* 28255

Secretary Name NINA TAI
Street Address
City *State* *Zip*

Treasurer Name JOSEPH P KEOUGH JR
Street Address
City *State* *Zip*

8. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name STACEY A ALMOND
Street Address
City *State* *Zip*

Director Name JUSTIN R EVANS
Street Address
City *State* *Zip*

Director Name JAMES B FREEZE
Street Address
City *State* *Zip*

Director Name JOSEPH P KEOUGH JR
Street Address
City *State* *Zip*

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	COMM	$0.01 PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
809	COMMON	.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] 141800

141800 FBC 02/07/07 10:48:00 AM
File Date 2/26/07
Check No 00756182 1
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Greg S Mroz *Date* 2-8-07

GREG S MROZ
Print or Type Name

[redacted] SVP
Title

Form 630 12/05