

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **831114** (4)
1. Corporation Name
WELLS FARGO LEASING CORPORATION



Principal Place of Business Mailing Address
420 MONTGOMERY STREET
SAN FRANCISCO CA 94104

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **10/22/1973** 3a. Date of Last Report **04/08/1995**
4. FEI Number **94-17542470001846931** Applied For **01014-035**
5. Certificate of Status Date **06/03/96** *****225.00** **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of the person signing this statement) Name of Registered Agent (typed or printed name of the agent)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	ARDLEIGH, PAUL D.	
STREET ADDRESS	420 MONTGOMERY ST.	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOLROYDE, E. A	
STREET ADDRESS	420 MONTGOMERY ST.	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROUNSAVILLE, GUY JR.	
STREET ADDRESS	420 MONTGOMERY ST.	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MANCILL, PATRICIA A.	
STREET ADDRESS	420 MONTGOMERY ST.	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	GILLFILLIAN, MICHAEL J	
STREET ADDRESS	420 MONTGOMERY STREET	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, SONDRA	
STREET ADDRESS	420 MONTGOMERY STREET	
CITY- ST- ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
22 NAME	Jae L. Walker
23 STREET ADDRESS	420 Montgomery Street
24 CITY- ST- ZIP	San Francisco, CA 94163
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
42 NAME	100001846931
43 STREET ADDRESS	-06/03/96--01014--035
44 CITY- ST- ZIP	***225.00
51 TITLE	Michael J. Gillfillan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
52 NAME	420 Montgomery Street
53 STREET ADDRESS	San Francisco, CA 94163
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
62 NAME	5-31-96
63 STREET ADDRESS	AES
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sondra Campbell DATE: 5/13/96 DAYTIME PHONE #: 415-396-7383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SONDRA CAMPBELL, VICE PRESIDENT

CR2E034 (12/95)