

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 831114  
 1. Corporation Name  
**WELLS FARGO LEASING CORPORATION**

Principal Place of Business <b>420 MONTGOMERY STREET SAN FRANCISCO, CA 94163</b>	Mailing Address <b>420 MONTGOMERY STREET SAN FRANCISCO, CA 94163</b>
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DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**  
10/22/1973

<b>4. FEI Number</b> 94-1754247	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CHAIRMAN OF THE BOARD</b> <input type="checkbox"/> DELETE
NAME	<b>GILLFILLAN, MICHAEL J.</b>
STREET ADDRESS	<b>420 MONTGOMERY STREET</b>
CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94163</b>
TITLE	<b>PRESIDENT AND DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>JAE L. WALKER</b>
STREET ADDRESS	<b>420 MONTGOMERY STREET</b>
CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94163</b>
TITLE	<b>TREASURER AND DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>NANCY DIAO</b>
STREET ADDRESS	<b>420 MONTGOMERY STREET</b>
CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94163</b>
TITLE	<b>DIRECTOR &amp; SR. VICE PRES.</b> <input type="checkbox"/> DELETE
NAME	<b>MICHAEL S. BROWN</b>
STREET ADDRESS	<b>633 17TH STREET, 4TH FLOOR</b>
CITY-ST-ZIP	<b>DENVER, CO 80202</b>
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>RICHARD T. SCHLIESMANN</b>
STREET ADDRESS	<b>1350 MONTEGO</b>
CITY-ST-ZIP	<b>WALNUT CREEK, CA 94598</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>SONDRA M. CAMPBELL</b>
STREET ADDRESS	<b>420 MONTGOMERY STREET, 1ST FLOOR</b>
CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94163</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>12</b> NAME	<b>GUY ROUNSAVILLE, JR.</b>
<b>13</b> STREET ADDRESS	<b>420 MONTGOMERY STREET</b>
<b>14</b> CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94163</b>
<b>21</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22</b> NAME	
<b>23</b> STREET ADDRESS	
<b>24</b> CITY-ST-ZIP	
<b>31</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32</b> NAME	
<b>33</b> STREET ADDRESS	
<b>34</b> CITY-ST-ZIP	
<b>41</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42</b> NAME	
<b>43</b> STREET ADDRESS	
<b>44</b> CITY-ST-ZIP	
<b>51</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52</b> NAME	
<b>53</b> STREET ADDRESS	
<b>54</b> CITY-ST-ZIP	
<b>61</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62</b> NAME	
<b>63</b> STREET ADDRESS	
<b>64</b> CITY-ST-ZIP	

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 -04/29/98--01036--004  
 \*\*\*150.00

**14.** 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 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 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:** *Sandra M. Campbell* **4/21/98**  
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR  
**SONDRA M. CAMPBELL, VICE PRESIDENT**  
 Date Daytime Phone #

CR2E034 (10/97)