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Secretary of State

03-01-1999 90212 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831114

1. Corporation Name
WELLS FARGO LEASING CORPORATION



Principal Place of Business 420 MONTGOMERY STREET SAN FRANCISCO CA 94163	Mailing Address 420 MONTGOMERY STREET SAN FRANCISCO CA 94163
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1973

21. Principal Place of Business	2a. Mailing Address
	26 633 Folsom St., 7th flr.

4. FEI Number 94-1754247	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

22. Suite, Apt. #, etc.	27. MAC 0149-071
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State	28. San Francisco, CA
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip	25. Country	29. 94107-3600	30. USA
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8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	COB	<input type="checkbox"/> DELETE
NAME	GILLFILLAN, MICHAEL J	
STREET ADDRESS	420 MONTGOMERY STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALKER, JAE L	
STREET ADDRESS	420 MONTGOMERY STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DIAO, NANCY	
STREET ADDRESS	420 MONTGOMERY STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	
TITLE	DSVP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, MICHAEL S	
STREET ADDRESS	633 17TH STREET, 4TH FLOOR	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHLIESMANN, RICHARD T	
STREET ADDRESS	1350 MONTEGO	
CITY-ST-ZIP	WALNUT CREEK CA 94598	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, SONDR	
STREET ADDRESS	420 MONTGOMERY STREET, 1ST FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Diane A. Davis Breur	
3.3 STREET ADDRESS	711 West Broadway	
3.4 CITY-ST-ZIP	Tempe, AZ 85282	
4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pui-Mei Wong	
4.3 STREET ADDRESS	633 Folsom St., 7th Floor	
4.4 CITY-ST-ZIP	San Francisco, CA 94107-3600	
5.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael S. Brown	
5.3 STREET ADDRESS	633 - 17th Street	
5.4 CITY-ST-ZIP	Denver, CO 80202	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: _____ DATE: **January 19, 1999** DAYTIME PHONE #: **(415) 396-4536**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)