

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832057

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES OF MINNESOTA, INC.

**Current Principal Place of Business:**

4300 MARKETPOINT DRIVE  
STE 600  
BLOOMINGTON, MN 55435 US

**New Principal Place of Business:**

**Current Mailing Address:**

4300 MARKETPOINT DRIVE  
STE 600  
BLOOMINGTON, MN 55435 US

**New Mailing Address:**

FEI Number: 41-0741700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: OSTERMEIER, CHRISTINE  
Address: 150 N MICHIGAN AVE STE 4100  
City-St-Zip: CHICAGO, IL 60601

Title: D ( ) Delete  
Name: BRODERICK, DEBORAH M  
Address: 150 N MICHIGAN AVE STE 4100  
City-St-Zip: CHICAGO, IL 60601

Title: S ( ) Delete  
Name: GRECO, ROBERT M  
Address: 150 N MICHIGAN AVE STE 4100  
City-St-Zip: CHICAGO, IL 60601

Title: P ( ) Delete  
Name: BURKHARDT, KEITH  
Address: 4300 MARKET POINTE DR STE 600  
City-St-Zip: BLOOMINGTON, MN 55435 US

Title: VP ( ) Delete  
Name: REYNDERS, JOAN M  
Address: 4300 MARKET POINTE DR STE 600  
City-St-Zip: BLOOMINGTON, MN 55435 US

Title: D ( ) Delete  
Name: GRECO, ROBERT  
Address: 150 N MICHIGAN AVE STE 4100  
City-St-Zip: CHICAGO, IL 60601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. GRECO

S

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date