

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90001 041 ***550.00

0137991 AB

DOCUMENT # 845522
 1. Entity Name
WELLS FARGO FINANCIAL LEASING, INC.

Principal Place of Business 206 8TH STREET DES MOINES IA 50309	Mailing Address 206 8TH STREET DES MOINES IA 50309
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ADU7881U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 42-1074725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DRUMHELLER, J.F. 250 INTERNATIONAL PARKWAY SUITE 146 HEATHROW FL 32746				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		Zip Code	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MERKEL, MARK S			NAME	Anderson, Dean R.		
STREET ADDRESS	206 EIGHTH STREET			STREET ADDRESS	206 Eighth St.		
CITY-ST-ZIP	DES MOINES IA 50309			CITY-ST-ZIP	Des Moines, IA 50309		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIELAND, DENISE A			NAME			
STREET ADDRESS	206 8TH STREET			STREET ADDRESS			
CITY-ST-ZIP	DES MOINES IA 50309			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEELEY, K. DOUGLAS			NAME			
STREET ADDRESS	206 8TH STREET			STREET ADDRESS			
CITY-ST-ZIP	DES MOINES IA			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUNZ, FAYE L			NAME			
STREET ADDRESS	206 8TH STREET			STREET ADDRESS			
CITY-ST-ZIP	DES MOINES IA 50309			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN HOVE, SHELLEE R			NAME			
STREET ADDRESS	206 8TH STREET			STREET ADDRESS			
CITY-ST-ZIP	DES MOINES IA 50309			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAGNER, STEVE R			NAME			
STREET ADDRESS	206 8TH STREET			STREET ADDRESS			
CITY-ST-ZIP	DES MOINES IA			CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **Dean R. Anderson**
 Vice President Date: **7/11/01** Daytime Phone #: **515-558-8060**

CR2E034 (5/01)