

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845522

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** WELLS FARGO FINANCIAL LEASING, INC.

**Current Principal Place of Business:**

800 WALNUT STREET  
DES MOINES, IA 50309

**New Principal Place of Business:**

**Current Mailing Address:**

800 WALNUT STREET  
DES MOINES, IA 50309

**New Mailing Address:**

**FEI Number:** 42-1074725

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REESE, TIMOTHY J  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

Title: TD  
Name: MILLER, BRUCE A  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

Title: S  
Name: MESSENGER, DEIDRE A  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

Title: VP  
Name: POETTING, GARY M  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

Title: VP  
Name: BAER, MAUREEN E  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

Title: VPD  
Name: ANDERSON, DEAN R  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

I hereby 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 all other like empowered.

SIGNATURE: DEIDRE A. MESSENGER

S

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date