# 2003 FOR PROFIT CORPORATION

#### UNIFORM BUSINESS REPORT (UBR) 857645

DOCUMENT #

WELLS FARGO EQUIPMENT			
Principal Place of Business 733 MARGUETTE AVENUE SUITE 300 MINNEAPOLIS MN 55479-2048 US	Mailing Address 733 MARGUETTE AVENUE SUITE 300 MINNEAPOLIS MN 55479-2048 US		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

# **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90534 028 \*\*\*150.00

733 MARGUET SUITE 300 MINNEAPOLIS US	e of Business TE AVENUE MN 55479-2048 Place of Business	Mailing Address 733 MARGUETTE AVENUE SUITE 300 MINNEAPOLIS MN 55479-2048 US 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	9	City & State				4.	FEI Number 41-0982880			plied For t Applicable	
Zip	Country	Zip Count			try		5. Certificate of Status Desired Serviced Fee Required				
	6. Name and Address of Current F	Registere	d Agent		7. Name and Address of New Registered Agent						
					Name						
CORPORA	ITION SERVICE COMPANY				Street Address (P.O. Box Number is Not Acceptable)						
1201 HAY	S STREET		Street Address			uu 633 (1 .O. t	,c.o. box Number is not Acceptable)				
TALLAHAS	SSEE FL 32301				_	~				,	
***************************************					075				7:- 0-4		
					City			FL	Zip Code	3	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE											
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if appli	cable. (NOTE	Registere	d Agent signati	re required when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution	ı.	Added	0 May Be to Fees	
10.	OFFICERS AND I	DIRECTOR	is	11.		ΑI	DDITIONS/CHANGES TO OFFI			S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENNER, JAMES R. 733 MARQUETTE AVE, STE 300 MINNEAPOLIS MN		☐ Delete	1		See	attached.	list	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACLEOD, JOHN 733 MARQUETTE AVE., STE 300 MINNEAPOLIS MN		☐ Delete			,		[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LACOUNT, MARK J. 733 MARQUETTE AVE, STE 300 MINNEAPOLIS MN	•	☐ Delete					(	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEA-KAHLE, DIANA NORWEST CTR 6TH MARQUETT MINNEAPOLIS MN 55479-1026		☐ Delete		J	*		[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENNER, JAMES R. 733 MARQUESST AVE, STE 300 MINNEAPOLIA MN		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTERGAARD, RICHARD NORWEST CTR 6TH MANQUETT MINNEAPOLIS MN		☐ Delete						Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Title

Renner, James R.

Name

Director

Business Address:

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Rupprecht, Andrew

Director

Business Address:

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Sloan, Timothy J

Director

**Business Address:** 

333 S. Grand Avenue Los Angeles, CA 90071

Renner, James R.

President

Business Address:

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Allen. Thomas J.

**Senior Vice President** 

**Business Address:** 

1 Harbour Place, Suite 275 Portsmouth, NH 03801

Almond, Jeffrey M.

Assistant Vice President

**Business Address:** 

6808 Wedgestone Drive Plano, TX 75023

Andersen, Deborah H.

Vice President

Business Address:

14081 Yorba Street, Suite 205

Tustin, CA 92780

Anderson, Michael J.

**Assistant Vice President** 

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Anderson, Wesley M.

Vice President

**Business Address:** 

733 Marquette Avenue, Suite 300

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Doc#857645

Name

Title

Appleget, Timothy A.

Vice President

**Business Address:** 

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Arnold, Michael T.

**Assistant Vice President** 

**Business Address:** 

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Ash, Michael J.

Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Babatz, Dave

Vice President

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Balcerzak, Steve

Credit Officer

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Barragan, Jackie

**Assistant Vice President** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Barzallo, Iris

**Contract Administration Officer** 

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Beatt, Kimberly A.

**Assistant Vice President** 

**Business Address:** 

Bergren, David

Vice President

**Business Address:** 

Mail Station #4069

666 Walnut Street, Suite 1510

Des Moines, IA 50309

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

)oc#857645

Name

Title

Betz, Susan M.

Officer

**Business Address:** 

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Boehm, Sheryl

Assistant Vice President

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Borgelt, Brian

Vice President

**Business Address:** 

733 Marquette Avenue. Suite 300

Minneapolis, MN 55402

Bosco, Ronald

Vice President

**Business Address:** 

50 Tice Boulevard

Woodcliff Lake, NJ 07675

Bovre, Jr., John L.

Vice President

Business Address:

Mail Station #3795

375 Williamstowne, Suite 2 Delafield, WI 53018

Bradford, Mark

**Assistant Vice President** 

**Business Address:** 

E2231-099

2030 Main Street, #900 Irvine, CA 92614

Brown, Michael S.

Senior Vice President

**Business Address:** 

9350 E. Arapahoe Road Englewood, CO 80112

Brunelle, Nicholas J.

**Vice President** 

**Business Address:** 

3295 Elder, Suite 440

P.O. Box 7069 Boise, ID 83705

Cariolano, Scott

**Accounting Officer** 

Business Address:

733 Marquette Avenue, Suite 300

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Doc#857645

Name

Title

Carpenter, Mark J.

Vice President

Business Address:

381 E. Broadway

Salt Lake City, UT 84111

Chaney, Michael

Senior Vice President

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Clancy, Patrick D.

Senior Vice President

**Business Address:** 

Mail Station #2058

Wells Fargo Center Sixth and Marquette

Minneapolis, MN 55479-0152

Clough IV, Fred A.

**Assistant Vice President** 

**Business Address:** 

1 Harbour Place, Suite 275 Portsmouth, NH 03801

Corr, Gary A.

Senior Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Cozzens, Steven

Vice President

**Business Address:** 

Mail Station #8036

P.O. Box 30058, 175 North 27th Street

Billings, MT 59117

Cross, Thomas B.

**Assistant Vice President** 

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Dahl, David

**Vice President** 

**Business Address:** 

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Dahlgren, Bob

**Assistant Vice President** 

**Business Address:** 

118 S. State Street Appleton, WI 54912

#### ATTACUMENT

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Name

Title

DOC#857645

Demcsik, Daren J.

**Assistant Vice President** 

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Doheny, Sally L.

**Assistant Vice President** 

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Dosher, Brian K.

Assistant Vice President & Credit Officer

**Business Address:** 

E2231-099

2030 Main Street, #900 Irvine, CA 92614

Dougherty, James T.

**Assistant Vice President** 

**Business Address:** 

1 Harbour Place, Suite 275 Portsmouth, NH 03801

Dreyling, Gary T.

Vice President

**Business Address:** 

D'Souza, Christopher R.

Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Dunn, Michael P.

Vice President

**Business Address:** 

4949 S.W. Meadows Road Lake Oswego, OR 97035

Edwards, Taylor

Vice President

Business Address:

559 Liberty Hill

Cincinnati, OH 45210

Englert, Suzanne C.

**Assistant Vice President** 

**Business Address:** 

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Name

Title

Engstrom, Rob

**Accounting Officer** 

**Business Address:** 

733 Marquette Avenue, Suite 300 Minneapolis, MN 55402

Ernst, Bill

Vice President

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Fantauzzi, Joseph

Senior Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Fantauzzi, Joseph

Senior Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Ferrini, James V.

Vice President

**Business Address:** 

1 Harbour Place, Suite 275 Portsmouth, NH 03801

Finch, Edward G.

Vice President

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Fischer, Alan A.

**Executive Vice President** 

**Business Address:** 

530 Fifth Avenue New York, NY 10036

Fordham, James I.

Vice President

**Business Address:** 

3295 Elder, Suite 440 P.O. Box 7069

Boise, ID 83705

Freyschlag, Griff

Vice President

**Business Address:** 

9350 E. Arapahoe Road

Englewood, CO 80112

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

10088023 Doc#857645

Name

Title

Fritschel, Colleen

**Assistant Vice President** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Frommer, Henry

**Senior Vice President** 

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Fuchs, Ralph

Assistant Vice President

**Business Address:** 

1755 S. Naperville Road

Wheaton, IL 60187

Furrer, Donald E.

Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Gagne, Michael J.

Vice President

**Business Address:** 

1 Harbour Place, Suite 275

Portsmouth, NH 03801

Gajeski, Dennis

Vice President

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Gentry, Clent

**Assistant Vice President** 

Business Address:

Hewitt Business Center

1001 South Marshall Street

Winston-Salem, NC 27010-5852

Giaimo, James M.

Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Goodman, John A.

Vice President

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Wells Fargo Equipment Finance, Inc.

10088023

Wednesday, April 23, 2003

Name

Title

Graham, Rachelle M.

**Assistant Secretary** 

**Business Address:** 

N9305-173

Wells Fargo Center Sixth and Marquette Minneapolis, MN 55479

Grassia, John

**Assistant Vice President** 

**Business Address:** 

Greer, James W.

**Executive Vice President** 

**Business Address:** 

12977 N. Forty Drive, Suite 101

St. Louis, MO 63141

Grodahl, Halgeir

**Assistant Vice President** 

**Business Address:** 

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Grundahl, Stephen T.

Vice President

Business Address:

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Guise, Lonnie G.

**Assistant Vice President** 

Business Address:

Harrington, David L.

**Assistant Vice President** 

Business Address:

381 E. Broadway

Salt Lake City, UT 84111

Harrison, Monica

**Assistant Vice President** 

Business Address:

381 E. Broadway

Salt Lake City, UT 84111

Hartman, David

**Assistant Vice President** 

**Business Address:** 

1424 Wind Cave Circle

Plano, TX 75023

## ATTACUMENT

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Title

Haslam, Kevin R.

Name

**Vice President** 

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Haug, Charles K.

Senior Vice President

Business Address:

Mail Station #3795

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Hein, Douglas L.

Vice President

**Business Address:** 

Hentges, Tom

**Credit Officer** 

Business Address:

733 Marquette Avenue South, Suite 300

Minneapolis, MN 55402

Hereid, Jan

**Assistant Vice President** 

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Heron, T. James

Vice President

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Hesselbacher, Ken

Vice President

**Business Address:** 

50 Tice Bouelvard

Woodcliff Lake, NJ 07675

Holtshopple, Jeff

**Assistant Vice President** 

Business Address:

2030 Main Street, #900

Irvine, CA 92614

Horton, James A.

Vice President

**Business Address:** 

N9305-164

Sixth and Marquette Minneapolis, MN 55479

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Title

Hoss, Chris

Name

Vice President

Business Address:

Mail Station #8601

9350 East Arapahoe, Suite 230

Englewood, CO 80112

Howard, Kimberly A.

**Vice President** 

**Business Address:** 

Mail Station #3922

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Huber, Kevin

Vice President

Business Address:

9350 E. Arapahoe Road, Suite 230

Englewood, CO 80112

Hughes, Tim

**Assistant Vice President** 

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Hunnicutt, Michael

**Assistant Vice President** 

Business Address:

420 Montgomery Street San Francisco, CA 94104

Hutchinson, Mike

Vice President

Business Address:

100 W. Washington Phoenix, AZ 85003

Isaacson, Kurt

**Assistant Vice President** 

**Business Address:** 

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Ising, Angela J.

**Contract Administration Officer** 

Business Address:

530 Fifth Avenue

New York, NY 10036

Jackson, David

**Assistant Vice President** 

Business Address:

12977 N. Forty Drive, Suite 101

St. Louis, MO 63141

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Title

Jaramillo, Julie

Name

Portfolio Officer

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55302

Jeffries, Sam

**Vice President** 

**Business Address:** 

10401 N. Meridian Street, Suite 300

Indianapolis, IN 46290

Jenereaux, Teresa

Assistant Vice President

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Jenkins, Patricia E.

**Accounting Officer** 

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Jensen, Robert

**Assistant Vice President** 

Business Address:

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Johnson, Richard

Vice President

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Kantor, Robert J.

Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Kaplun, Harry J.

Vice President

Business Address:

411 Bonneville Road

Las Vegas, NV 89109

Karstens, Kevin

**Vice President** 

**Business Address:** 

1755 S. Naperville Road, Suite 100

Wheaton, IL 60187

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Name

Title

Koepke, Steven J.

Vice President

Business Address:

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Komer, Dave

**Assistant Vice President** 

Business Address:

Lincoln Tower Center, Suite 400 102 S.W. Greenberg Road

Portland, OR 97223

Kovacic, Barbara

**Assistant Vice President** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Kucharuk, Deborah L.

**Assistant Vice President** 

Business Address:

LaCount, Mark J.

Senior Vice President

**Business Address:** 

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Lande, John M.

Vice President

**Business Address:** 

N9305-164

Sixth and Marquette

Minneapolis, MN 55402

Larson, Dan

Senior Vice President

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Laverde, Bill

Vice President

Business Address:

Lea-Kahle, Diana L.

Secretary

Business Address:

N9305-173

Wells Fargo Center Sixth and Marquette

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Title

LeBano, Robert

Name

**Vice President** 

**Business Address:** 

333 S. Grand Avenue

Third Floor

Los Angeles, CA 90071

Lenton, Lisa K.

**Vice President** 

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Lindsley, Herbert C.

**Senior Vice President** 

Business Address:

530 Fifth Avenue

New York, NY 10036

Loeffel, Scott

**Assistant Vice President** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Lowe, Juliana

Vice President

**Business Address:** 

S4500-015

200 Lomas Boulevard N.W.

First Floor

Albuquerque, NM 87102

Luciani, Arthur E.

**Assistant Vice President** 

Business Address:

100 N. Barranca Street, Suite 1400

West Covina, CA 91719

Lundin, Debra

**Assistant Vice President** 

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Lyle, Christopher L.

Vice President

**Business Address:** 

Mahon, Sheila S.

Vice President

Business Address:

1 Harbour Place, Suite 275

Portsmouth, NH 03801

Wells Fargo Equipment Finance, Inc.

10088023

Wednesday, April 23, 2003

UOC#857

Name

Title

McCall, Dan

Vice President

**Business Address:** 

E2231-099 2030 Main Street, #900

Irvine, CA 92614

McCall, Dan

Vice President

**Business Address:** 

E2231-099

2030 Main Street, #900 Irvine, CA 92614

McDonald, Kevin B.

**Assistant Vice President** 

Business Address:

304 Main Avenue, #252 Norwalk, CT 06851

McKirgan, Dan

**Vice President** 

**Business Address:** 

100 W. Washington Phoenix, AZ 85003

McQueen, John

**Executive Vice President** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Mendelson, Andrew M.

Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Metcalf, Janette D.

**Assistant Vice President** 

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Moore, Mitch

Vice President

**Business Address:** 

2782 Ashton Tree Place Dacula, GA 30019

Morrow, Robert E.

**Collections Officer** 

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

## ATTACUMENT

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Title

Muhoray, George C.

Name

**Assistant Vice President** 

Business Address:

18500 Lake Road, Suite 100 Rocky River, OH 44116

Nelson, Steven R.

Vice President

**Business Address:** 

151 Dundee Avenue East Dundee, IL 60118

Newcomb, Jeremiah E.

Assistant Vice President

**Business Address:** 

Nguven, Vu

Portfolio Officer

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Nippa, Mark

Vice President

**Business Address:** 

733 Marquette Ave., Suite 300 Minneapolis, MN 55402

Obeidzinski, Lynn M.

**Assistant Vice President** 

**Business Address:** 

O'Connor, Bernard J.

**Vice President** 

Business Address:

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

O'Hara, David A.

Portfolio Officer

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

O'Hara, Karen D.

**Assistant Vice President** 

**Business Address:** 

Olsen, Jay

**Vice President** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Uac # 8576

Name

Title

Oram, Donald E.

Vice President

Business Address:

Mail Station #7002

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

O'Toole, John

**Vice President** 

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Paetznick, Mark

Vice President

**Business Address:** 

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Paolilli, Maria

**Assistant Vice President** 

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Parker, Richard

Vice President

**Business Address:** 

35 Technology Parkway South

Suite 170

Norcross, GA 30092

Patnaude, Ronald N.

Senior Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Peters, James S.

Vice President

Business Address:

381 E. Broadway

Salt Lake City, UT 84111

Petersen, Tom

**Vice President** 

**Business Address:** 

9350 Arapahoe Road, Suite 230

Englewood, CO 80112

Phennicie, Frank M.

Vice President

**Business Address:** 

1 Harbour Place, Suite 275 Portsmouth, NH 03801

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Title

Pocrnich, Daniel

Name

**Executive Vice President** 

**Business Address:** 

733 Marquette Ave., Suite 300 Minneapolis, MN 55402

Pratt, Tim

Senior Vice President

Business Address:

Mail Station #2048

733 Marquette Avenue, Suite 300 Minneapolis, MN 55479-2048

Priest, Nancy

**Assistant Vice President** 

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Priole, Phil

**Assistant Vice President** 

**Business Address:** 

50 Tice Boulevard

Woodcliff Lake, NJ 07675

Quock, Les L.

Vice President

**Business Address:** 

A0163-039

343 Sansome Street, 3rd Floor San Francisco, CA 94104

Rhodes, Scott

**Vice President** 

**Business Address:** 

330 - 112th Avenue N.E.

Suite 101

Bellevue, WA 98004

Riley, DeMar B.

**Vice President** 

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Robinson, Edwin N.

**Vice President** 

**Business Address:** 

Rohrbach, Steve

Vice President

**Business Address:** 

330 - 112th Avenue N.E.

Suite 101

Bellevue, WA 98004

Wells Fargo Equipment Finance, Inc.

10088023

Wednesday, April 23, 2003

DOC #

Name

Title

Roseland, Annette

**Assistant Vice President** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Rosen, Jerome

**Vice President** 

Business Address:

530 Fifth Avenue

New York, NY 10036

Rupprecht, Andrew

**Executive Vice President** 

**Business Address:** 

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Saucerman, Roger J.

**Vice President** 

**Business Address:** 

N9305-140

Sixth and Marquette Minneapolis, MN 55479

Schriever, Nancy A.

**Credit Officer** 

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Seaborg, Scott

**Assistant Vice President** 

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Sell, Charles, Jr.

Vice President

**Business Address:** 

Mail Station #2048

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Shahidullah, Mir

**Credit Officer** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Shapiro, Jeffrey M.

**Assistant Vice President** 

**Business Address:** 

1 Harbour Place, Suite 275

Portsmouth, NH 03801

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

DOC #857645

Name

Title

Shepter, Paul

Vice President

**Business Address:** 

633 Chapman Street Canton, MA 02021

Shoen, Phil

Vice President

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Shoen, Phil

**Assistant Vice President** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Shuman, Gregory D.

**Credit Officer** 

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Simpson, Randy

Vice President

**Business Address:** 

182 Yorba Linda Boulevard, Suite 109-B

Yorba Linda, CA 92886

Smith III, Samuel H.

**Senior Vice President** 

Business Address:

1 Harbour Place, Suite 275 Portsmouth, NH 03801

Smith, Jim

**Assistant Vice President** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Sollien, David

**Accounting Officer** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Spiteri, Paul

**Assistant Vice President** 

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Title

Srigley, Bill

Name

**Credit Officer** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Stegall, Brian C.

Assistant Vice President

**Business Address:** 

411 Bonneville Road, Suite 200

Las Vegas, NV 89109

Stoner, Timothy A.

Vice President

**Business Address:** 

PMB 434 1153 Bergen Parkway

Suite M

Evergreen, CO 80439

Sullivan, Peter J.

Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Sullivan, Ray

**Assistant Vice President** 

**Business Address:** 

352 Turnpike Road

Southborough, MA 01772

Tank, William M.

**Vice President** 

**Business Address:** 

Teichman, Merrick H.

**Assistant Vice President** 

Business Address:

212 S. Tryon Street, Suite 1680

Charlotte, NC 28281

Terwege, Byron C.

**Assistant Vice President** 

**Business Address:** 

Thomas, Randy

**Assistant Vice President** 

**Business Address:** 

910 W. Battlefield, Suite 800

Springfield, MO 65807

Wells Fargo Equipment Finance, Inc.

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Name

Title

Tilt, Edward A.

Vice President

Business Address:

Tobin, Debra L.

**Assistant Vice President** 

**Business Address:** 

N9306-070

50 Tice Boulevard

Woodcliffe Lake, NJ 07675

Tsoi, Tony W.

**Assistant Vice President** 

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Valerius, Paul

**Accounting Officer** 

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Vanadia, Michael J.

Vice President

Business Address:

530 Fifth Avenue

New York, NY 10036

Vandevoort, Scott

Vice President

Business Address:

406 Main Avenue

Fargo, ND 58126

VanOsdel, Judy

Vice President

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Velarde, Jerry

**Assistant Vice President** 

Business Address:

3800 Howard Hughes Parkway

Las Vegas, NV 89109

Vernon, Bradley

**Assistant Vice President** 

Business Address:

381 E. Broadway

Salt Lake City, UT 84111

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

Title

Wall, Brian

Name

**Assistant Vice President** 

**Business Address:** 

1 Harbour Place, Suite 275 Portsmouth, NH 03801

Ward, Jim

Vice President

**Business Address:** 

110 Habersham Drive, Suite 114

Fayetteville, GA 30214

Weber, Margaret M.

**Assistant Secretary** 

**Business Address:** 

N9305-173

Sixth and Marquette Minneapolis, MN 55479

Weir, Robert

Vice President

**Business Address:** 

530 Fifth Avenue

New York, NY 10036

Welker, Mark E.

Senior Vice President

**Business Address:** 

12977 N. Forty Drive, Suite 101

St. Louis, MO 63141

Wheaton, Robert C.

Vice President

**Business Address:** 

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Wheeler, Jr., Clifford W.

Vice President

**Business Address:** 

White, James

**Assistant Vice President** 

**Business Address:** 

13201 Northwest Freeway, Suite 101

Houston, TX 77040

White, Kristen

**Assistant Vice President** 

**Business Address:** 

298 Phillip Lane

Russellville, KY 42276

Wells Fargo Equipment Finance, Inc.

Wednesday, April 23, 2003

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Name

Title

Winkel, Junichi D.

Senior Vice President

**Business Address:** 

Winkelmann, Robert G.

**Assistant Vice President** 

**Business Address:** 

225 W. Washington, Suite 2200

Chicago, IL 60606

Winther, Kyle

**Assistant Vice President** 

**Business Address:** 

381 E. Broadway

Salt Lake City, UT 84111

Wolf, James

Vice President

Business Address:

733 Marquette Avenue, Suite 300

Minneapolis, MN 55402

Zoerhof, Curt

Senior Vice President

Business Address:

733 Marquette Ave., Suite 300