


04/07/03 14:30 FAX 6126675569

NORWEST WELLS FARGO

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90937 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000005779			
1. Entity Name WELLS FARGO INSURANCE, INC.			
Principal Place of Business C/O DONNA LUNDHOLM 600 SOUTH HIGHWAY 169, SUITE N9377-120 ST. LOUIS PARK MN 55426		Mailing Address C/O MARGARET WEBER MAC # N9305-173 MINNEAPOLIS MN 55479	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW! FEE IS \$150.00 After May 31, 2003 Fee will be \$500.00 Make Check payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, TIMOTHY J	NAME	
STREET ADDRESS	600 S. HIGHWAY 169, MAC# N9377-120	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN 55426	CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENO, STEVEN C	NAME	
STREET ADDRESS	600 S HIGHWAY 169, MAC# N9377-120	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS PARK MN 55426	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, KEVIN P	NAME	
STREET ADDRESS	600 S. HIGHWAY 169, MAC# N9377-120	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN 55426	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZIEWCZNYSKI, HEDI	NAME	
STREET ADDRESS	SIXTH AND MARQUETTE, MC N9305-133	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55479	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERDERMAN, KENNETH A	NAME	
STREET ADDRESS	600 S. HIGHWAY 169, MAC# N9377-120	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN 55426	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALN, DAVID	NAME	
STREET ADDRESS	600 S. HIGHWAY 169, MAC# N9377-120	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN 55426	CITY-ST-ZIP	
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:		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	