

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004137

FILED
Mar 25, 2008
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES MOUNTAIN WEST, INC.

Current Principal Place of Business:

5755 MARK DABLING BLVD., SUITE 300
COLORADO SPRINGS, CO 80919

New Principal Place of Business:

Current Mailing Address:

5755 MARK DABLING BLVD., SUITE 300
COLORADO SPRINGS, CO 80919

New Mailing Address:

FEI Number: 84-0865117 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 32301 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: P () Delete
Name: WOOD, H. DAVID
Address: 4742 N. 24TH ST., SUITE 270
City-St-Zip: PHOENIX, AZ 85016 US

Title: DS () Delete
Name: GRECO, ROBERT M
Address: 150 N. MICHIGAN AVENUE, SUITE 4100
City-St-Zip: CHICAGO, IL 60601

Title: V D () Delete
Name: BRODERICK, DEBORAH
Address: 150 N. MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60601

Title: V () Delete
Name: ELDREDGE, CHRISTOPHER G
Address: 5755 MARK DABLING BLVD.
City-St-Zip: COLORADO SPRINGS, CO 80919

Title: T () Delete
Name: OSTERMEIER, CHRISTINE M
Address: 150 N. MICHIGAN AVENUE, SUITE 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:

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: CHRISTOPHER G. ELDREDGE

V

03/25/2008

Electronic Signature of Signing Officer or Director

_____ Date