

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004137

FILED  
Apr 13, 2009  
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: ROBERT M. GRECO

DS

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date