

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006732

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES OF ILLINOIS, INC.

## Current Principal Place of Business:

650 E ALGONQUIN RD  
SCHAUMBURG, IL 60173

## New Principal Place of Business:

650 E ALGONQUIN RD  
STE 300  
SCHAUMBURG, IL 60173

## Current Mailing Address:

650 E ALGONQUIN RD  
SCHAUMBURG, IL 60173

## New Mailing Address:

650 E ALGONQUIN RD  
STE 300  
SCHAUMBURG, IL 60173

FEI Number: 36-2787048

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

Title: VPAS ( ) Delete  
Name: BRODERICK, DEBORAH M  
Address: 150 N MICHIGAN AVE SUITE 4100  
City-St-Zip: CHICAGO, IL 60601

Title: P ( ) Delete  
Name: SANCHEZ, JOSEPH P  
Address: 1301 E 9TH STREET SUITE 3800  
City-St-Zip: CLEVELAND, OH 441141874

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

Title: T ( ) Delete  
Name: OSTERMEIER, CHRISTINE M  
Address: 150 N MICHIGAN AVE SUITE 4100  
City-St-Zip: CHICAGO, IL 60601

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

Title: VP ( ) Change (X) Addition  
Name: SLONIGER, GRANT E VP  
Address: 2107 S NEIL STREET  
City-St-Zip: CHAMPAIGN, IL 61820

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: JOSEPH P SANCHEZ

PRES

02/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date