

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006732

FILED
Apr 27, 2011
Secretary of State

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

Current Principal Place of Business:

650 E ALGONQUIN RD
STE 300
SCHAUMBURG, IL 60173

New Principal Place of Business:

Current Mailing Address:

650 E ALGONQUIN RD
STE 300
SCHAUMBURG, IL 60173

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT M GRECO

DS

04/27/2011

Electronic Signature of Signing Officer or Director

_____ Date