


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**


**DOCUMENT # F06000006952**

1. Entity Name  
**WELLS FARGO CENTURY, INC.**



Principal Place of Business <b>119 W. 40TH STREET          ATTN: VALERIE SPENCER          NEW YORK, NY 10018</b>	Mailing Address <b>119 W. 40TH STREET          ATTN: VALERIE SPENCER          NEW YORK, NY 10018</b>
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**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-0562810</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYT, DAVID A A0101-121 420 MONTGOMERY STREET SAN FRANCISCO, CA 94104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDON, HENRY N-26353-030 2450 COLORADO AVENUE SANTA MONICA, CA 90404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZZO, THOMAS V N2697-010 119 WEST 40TH STREET NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAB, PETER E N-2653-030 2450 COLORADO AVENUE SANTA MONICA, CA 90404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, WILLIAM ONE BOSTON PLACE, SUITE 1800 BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/02/08-80088-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Valerie Spencer, SVP **03/05/08 (212) 703-3500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #