

**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  
**119 W. 40TH STREET  
ATTN: VALERIE SPENCER  
NEW YORK, NY 10018**

Mailing Address  
**119 W. 40TH STREET  
ATTN: VALERIE SPENCER  
NEW YORK, NY 10018**



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-0562810**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 D  
NAME HOYT, DAVID A  
STREET ADDRESS A0101-121 420 MONTGOMERY STREET  
CITY-ST-ZIP SAN FRANCISCO, CA 94104

TITLE D  
NAME JORDON, HENRY  
STREET ADDRESS N-26353-030 2450 COLORADO AVENUE  
CITY-ST-ZIP SANTA MONICA, CA 90404

TITLE D  
NAME PIZZO, THOMAS V  
STREET ADDRESS N2697-010 119 WEST 40TH STREET  
CITY-ST-ZIP NEW YORK, NY 10018

TITLE D  
NAME SCHWAB, PETER E  
STREET ADDRESS N-2653-030 2450 COLORADO AVENUE  
CITY-ST-ZIP SANTA MONICA, CA 90404

TITLE D  
NAME MAYER, WILLIAM  
STREET ADDRESS ONE BOSTON PLACE, SUITE 1800  
CITY-ST-ZIP BOSTON, MA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000861072  
04/02/08-80088-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

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. **VALERIE SPENCER, SVP**

**SIGNATURE:** Valerie Spencer, SVP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/05/08 (212) 703-3500**  
Date Daytime Phone #