

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006952

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: WELLS FARGO TRADE CAPITAL SERVICES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 13-0562810      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: D ( ) Delete  
Name: HOYT, DAVID A  
Address: A0101-121 420 MONTGOMERY STREET  
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: D ( ) Delete  
Name: JORDON, HENRY  
Address: N-26353-030 2450 COLORADO AVENUE  
City-St-Zip: SANTA MONICA, CA 90404 US

Title: D ( ) Delete  
Name: PIZZO, THOMAS V  
Address: N2697-010 119 WEST 40TH STREET  
City-St-Zip: NEW YORK, NY 10018 US

Title: D ( ) Delete  
Name: SCHWAB, PETER E  
Address: N-2653-030 2450 COLORADO AVENUE  
City-St-Zip: SANTA MONICA, CA 90404 US

Title: D (X) Delete  
Name: MAYER, WILLIAM  
Address: ONE BOSTON PLACE, SUITE 1800  
City-St-Zip: BOSTON, MA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MAYER, WILLIAM  
Address: ONE BOSTON PLACE, SUITE 1800  
City-St-Zip: BOSTON, MA

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: VALERIE SPENCER

SVP

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date