

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000267

FILED
Apr 27, 2011
Secretary of State

Entity Name: WELLS FARGO INSURANCE AGENCY OF MICHIGAN, INC.

Current Principal Place of Business:

4000 TOWN CENTER SUITE 800
SOUTHFIELD, MI 48075

New Principal Place of Business:

Current Mailing Address:

4000 TOWN CENTER SUITE 800
SOUTHFIELD, MI 48075

New Mailing Address:

FEI Number: 38-1986718

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 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

OFFICERS AND DIRECTORS:

Title: DS
Name: GRECO, ROBERT M
Address: 4000 TOWN CENTER SUITE 800
City-St-Zip: SOUTH FIELD, MI 48075

Title: DEVP
Name: BRODERICK, DEBORAH M
Address: 4000 TOWN CENTER SUITE 800
City-St-Zip: SOUTHFIELD, MI 48075

Title: P
Name: ROTHWELL, WILLIAM
Address: 4000 TOWN CENTER SUITE 800
City-St-Zip: SOUTHFIELD, MI 48075

Title: T
Name: OSTERMEIER, CHRISTINE
Address: 4000 TOWN CENTER SUITE 800
City-St-Zip: SOUTHFIELD, MI 48075

Title: VP
Name: WANROY, P M
Address: 4000 TOWN CENTER SUITE 800
City-St-Zip: SOUTHFIELD, MI 48075

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