

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000720

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

1701 MCFARLAND BLVD., NORTH
TUSCALOOSA, AL 354062135

New Principal Place of Business:

Current Mailing Address:

1701 MCFARLAND BLVD., NORTH
TUSCALOOSA, AL 354062135

New Mailing Address:

FEI Number: 62-1817362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVPD () Delete
Name: BRODERICK, DEBORAH M.
Address: 150 N. MICHIGAN AVE., STE. 3900
City-St-Zip: CHICAGO, IL 60601

Title: AS () Delete
Name: BRODERICK, DEBORAH M.
Address: 150 N. MICHIGAN AVE., STE. 3900
City-St-Zip: CHICAGO, IL 60601

Title: DS () Delete
Name: GRECO, ROBERT M.
Address: 150 N. MICHIGAN AVE., STE. 3900
City-St-Zip: CHICAGO, IL 60601

Title: T () Delete
Name: OSTERMEIER, CHRISTINE M.
Address: 150 N. MICHIGAN AVE., STE. 3900
City-St-Zip: CHICAGO, IL 60601

Title: P () Delete
Name: POELLNITZ, ROBERT W. JR.
Address: 1701 MCFARLAND BLVD., NORTH
City-St-Zip: TUSCALOOSA, AL 354062135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT M. GRECO

Electronic Signature of Signing Officer or Director

DS

04/13/2009

_____ Date