

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002275

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** WELLS FARGO INSURANCE SERVICES OF NEW YORK, INC.

**Current Principal Place of Business:**

330 MADISON AVE., 7TH FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

330 MADISON AVE., 7TH FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

**FEI Number:** 13-1806851      **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: VP  
Name: MCGILL, KEVIN  
Address: 330 MADISON AVE., 7TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: VASD  
Name: BRODERICK, DEBORAH M  
Address: 330 MADISON AVE., 7TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: DS  
Name: GRECO, ROBERT M  
Address: 330 MADISON AVE., 7TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: T  
Name: OSTERMEIER, CHRISTINE M  
Address: 330 MADISON AVE., 7TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: P  
Name: KENNY, KEVIN  
Address: 330 MADISON AVE., 7TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

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