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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90137 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003212

1. Corporation Name
WELLS FARGO, LTD., INC.

Principal Place of Business 420 MONTGOMERY MAC 0101-064 SAN FRANCISCO CA 94163 US	Mailing Address 111 SUTTER ST. MAC 0188-181 SAN FRANCISCO CA 94163 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/13/1993	4. FEI Number 99-0081988	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BUTSON, GILBERT D
STREET ADDRESS	733 BISHOP ST., 24TH FLOOR
CITY-ST-ZIP	HONOLULU HI 96813-4070
TITLE	D <input type="checkbox"/> DELETE
NAME	GILLFILLAN, MICHAEL J
STREET ADDRESS	420 MONTGOMERY ST.
CITY-ST-ZIP	SAN FRANCISCO CA 94163
TITLE	D <input type="checkbox"/> DELETE
NAME	JACOBS, RODNEY L
STREET ADDRESS	420 MONTGOMERY ST.
CITY-ST-ZIP	SAN FRANCISCO CA 94163
TITLE	DP <input type="checkbox"/> DELETE
NAME	JOHNSON, CHARLES M
STREET ADDRESS	420 MONTGOMERY ST.
CITY-ST-ZIP	SAN FRANCISCO CA 94163
TITLE	VP <input type="checkbox"/> DELETE
NAME	HOWSLEY, J C
STREET ADDRESS	111 SUTTER ST.
CITY-ST-ZIP	SAN FRANCISCO CA 94163
TITLE	VP <input type="checkbox"/> DELETE
NAME	SINCLAIR, MICHAEL
STREET ADDRESS	111 SUTTER ST.
CITY-ST-ZIP	SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pui-Mei Wong
1.3 STREET ADDRESS	633 Folsom Street, 7th Floor
1.4 CITY-ST-ZIP	San Francisco, CA 94107-3600
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris Assistant Secretary 1/11/99 (415) 396-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)