

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003914 (7)**

1. Corporation Name

WELLS FARGO INSURANCE SERVICES, INC.



Principal Place of Business Mailing Address
**1000 MARINA BLVD., 3RD FLOOR
BRISBANE CA 94005** **1000 MARINA BLVD., 3RD FLOOR
BRISBANE CA 94005**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	08/14/1995	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	94-2636821	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				6. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIFILLAN, MICHAEL J	1.2 NAME	Please see attached updated list.
STREET ADDRESS	420 MONTGOMERY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, RODNEY L	2.2 NAME	
STREET ADDRESS	420 MONTGOMERY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTLER, CLYDE W	3.2 NAME	
STREET ADDRESS	420 MONTGOMERY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUENDT, WILLIAM F	4.2 NAME	400001803624 -05/01/96--01102--007 ***208.75
STREET ADDRESS	420 MONTGOMERY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	PATRIARCA, MICHAEL M	5.2 NAME	
STREET ADDRESS	1000 MARINA BLVD., 3RD FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BISCANE CA 94005	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, KEVIN D	6.2 NAME	
STREET ADDRESS	1000 MARINA BLVD., 3RD FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BISCANE CA 94005	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director) DATE: 4-15-96 415-794-2444

CR2E034 (12/95)

#F95000003914

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**Wells Fargo Insurance Services
Officers and Directors**

DIRECTORS

Wells Fargo Bank, N.A.
420 Montgomery Street
San Francisco, CA
94163

Rodney Jacobs
Clyde W. Ostler
Michael M. Patriarca
Guy Rounsaville, Jr.

OFFICERS

1. Wells Fargo Bank
420 Montgomery Street
San Francisco, CA
94163

Clyde Ostler, Chairman of the Board
Guy Rounsaville, Jr., Secretary

2. Wells Fargo Insurance Services
1000 Marina Blvd. 3rd. Floor
Brisbane, CA 94005

Elizabeth Mangee Jones, Vice President
James Lee Mull, Assistant Vice President
Rebecca Lynn Macierira-Kaufmann, Vice President
Michael Patriarca, President and Manager
Michael A. Phleger, Vice-President
Karly Siang Wang Treasurer & Controller

3. Wells Fargo Bank N.A.
343 Sansome Street
San Francisco, CA. 94163

Renee Breber, Assistant Secretary
Matthew Hohenberger, Assistant Secretary