

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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 94005-1800**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/14/1995	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		94-2636821	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

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 checked="" type="checkbox"/> DELETE		1.1 TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GILLIFILLAN, MICHAEL J			1.2 NAME	Terri Dial		
STREET ADDRESS	420 MONTGOMERY ST.			1.3 STREET ADDRESS	420 Montgomery St		
CITY-ST-ZIP	SAN FRANCISCO CA 94163			1.4 CITY-ST-ZIP	San Francisco, CA 94163		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JACOBS, RODNEY L			2.2 NAME	Lucy Reid		
STREET ADDRESS	420 MONTGOMERY ST.			2.3 STREET ADDRESS	120 Kearny St		
CITY-ST-ZIP	SAN FRANCISCO CA 94163			2.4 CITY-ST-ZIP	San Francisco, CA 94108		
TITLE	DC	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OSTLER, CLYDE W			3.2 NAME	Guy Rounsaville, Jr		
STREET ADDRESS	420 MONTGOMERY ST.			3.3 STREET ADDRESS	420 Montgomery St		
CITY-ST-ZIP	SAN FRANCISCO CA 94163			3.4 CITY-ST-ZIP	San Francisco, CA 94163		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZUENDT, WILLIAM F			4.2 NAME	Marc Bernstein		
STREET ADDRESS	420 MONTGOMERY ST.			4.3 STREET ADDRESS	120 Kearny St, 17th Floor		
CITY-ST-ZIP	SAN FRANCISCO CA 94163			4.4 CITY-ST-ZIP	San Francisco, CA 94108		
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PATRIARCA, MICHAEL M			5.2 NAME	Rebecca Macieira-Kaufmann		
STREET ADDRESS	1000 MARINA BLVD., 3RD FLOOR			5.3 STREET ADDRESS	1000 Marina Blvd, 1st Floor		
CITY-ST-ZIP	BRISBANE CA 94005			5.4 CITY-ST-ZIP	Brisbane, CA 94005		
TITLE	TC	<input type="checkbox"/> DELETE		6.1 TITLE	S.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WANG, KARLY S			6.2 NAME	John Graham		
STREET ADDRESS	1000 MARINA BLVD., 3RD FLOOR			6.3 STREET ADDRESS	1000 Marina Blvd, 1st Floor		
CITY-ST-ZIP	Brisbane, CA 94005			6.4 CITY-ST-ZIP	Brisbane, CA 94005		

14. I do 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.

SIGNATURE *[Signature]* 4-1-07 415 794 2386

CR2E034 (9/96)