


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

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F95000003914 (7)**  
 1. Corporation Name  
**WELLS FARGO INSURANCE SERVICES, INC.**



Principal Place of Business 1000 MARINA BLVD., 1ST FLOOR BRISBANE CA 94005	Mailing Address PO BOX 519 BRISBANE CA 94005
--	--

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**08/14/1995**

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
---	--

4. FEI Number <b>94-2636821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DIAL, TERRI A	
STREET ADDRESS	420 MONTGOMERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, MARC	
STREET ADDRESS	120 KEARNY ST, 17TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94108	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MACIEIRA-KAUFMANN, REBECCA	
STREET ADDRESS	1000 MARINA BLVD., 3RD FLOOR	
CITY-ST-ZIP	BRISBANE CA 94005	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROUNSAVILLE, GUY JR	
STREET ADDRESS	420 MONTGOMERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	MASTERSON, COLLEEN M	
STREET ADDRESS	1000 MARINA BLVD, 3RD FLOOR	
CITY-ST-ZIP	BRISBANE CA 94005	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	GRAHAM, CALE	
STREET ADDRESS	1000 MARINA BLVD., 3RD FLOOR	
CITY-ST-ZIP	BRISBANE CA 94005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>See attached</i>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Cale Graham* 1-13 98 415 222.5176

CR2E034 (10/97)

WELLS FARGO INSURANCE SERVICES  
LISTING OF OFFICERS AND DIRECTORS

Officers:

Chair of the Board : Terri A Dial  
420 Montgomery St  
San Francisco, CA 94163

President: Marc Bernstein  
120 Kearny St, 17th Floor  
San Francisco, CA 94108

Chief Executive Officer : Rebecca Macieira-Kaufmann  
1000 Marina Blvd, 3rd Floor  
Brisbane, CA 94005

Secretary: Guy Rounsaville, Jr.  
420 Montgomery St  
San Francisco, CA 94163

Assistant Vice President: Colleen M. Masterson  
1000 Marina Blvd, 3rd Floor  
Brisbane, CA 94005

Assistant Vice President: Cale Graham  
1000 Marina Blvd, 3rd Floor  
Brisbane, Ca 94005

Assistant Treasurer: Renee Breber  
343 Sansome St  
San Francisco, CA 94163

Assistant Treasurer: Matthew Hohenberger  
343 Sansome St  
San Francisco, CA 94163

Assistant Secretary: Robert S. Singley  
111 Sutter St, 16th Floor  
San Francisco, CA

Assistant Secretary: Pui-Mei Wong  
111 Sutter St, 16th Floor  
San Francisco, CA

Directors:

Terri A. Dial  
420 Montgomery St  
San Francisco, CA 94163

Rodney L. Jacobs  
420 Montgomery St  
San Francisco, CA 94163

M. Lucile Reid  
120 Kearny St, 23rd Floor  
San Francisco, CA 94108

Guy Rounsaville, Jr.  
420 Montgomery St  
San Francisco, CA 94163