

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96006

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** WELLS FARGO FINANCIAL FLORIDA, INC.

**Current Principal Place of Business:**

800 WALNUT STREET  
DES MOINES, IA 503093605

**New Principal Place of Business:**

800 WALNUT STREET  
DES MOINES, IA 50309

**Current Mailing Address:**

800 WALNUT STREET, F4030-092  
ATTN: ELD  
DES MOINES, IA 503093605

**New Mailing Address:**

800 WALNUT STREET  
DES MOINES, IA 50309

**FEI Number:** 42-1185595

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ANDERSON, DEAN R  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

Title: VPD  
Name: MILLER, BRUCE A  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

Title: VPS  
Name: POETTING, GARY M  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

Title: VP  
Name: BAER, MAUREEN E  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

Title: VP  
Name: HAMMER, WYETTA  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

Title: TD  
Name: CLUTE, DANIEL D  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309

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: GARY M. POETTING

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04/06/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date