

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004155

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** NUCOMPASS MORTGAGE SERVICES, LLC

**Current Principal Place of Business:**

ONE MOME CAMPUS, MAC X2401-049  
DES MOINES, IA 503280001

**New Principal Place of Business:**

ONE MOME CAMPUS, MAC X2401-05W  
DES MOINES, IA 503280001

**Current Mailing Address:**

ONE MOME CAMPUS, MAC X2401-049  
DES MOINES, IA 503280001

**New Mailing Address:**

ONE MOME CAMPUS, MAC X2401-05W  
DES MOINES, IA 503280001

FEI Number: 20-0790865

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WELLS FARGO VENTURES, LLC  
Address: ONE MOME CAMPUS, MAC X2401-05W  
City-St-Zip: DES MOINES, IA 503280001

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAROLYN BAKER

VP

04/14/2010

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date