

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004016

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** SELECT LENDING SERVICES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 20-8912215

**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 VENTURE, LLC  
Address: ONE HOME 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

04/15/2010

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