

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # **P02118** (8)

1. Corporation Name

WELLS FARGO CREDIT CORPORATION



Principal Place of Business

Mailing Address

420 MONTGOMERY STREET
SAN FRANCISCO CA 94163
US

401 W. 24TH STREET
NATIONAL CITY CA 91950
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country 30

3. Date Incorporated or Qualified

05/21/1984

3a. Date of Last Report

03/03/1995

4. FEI Number

95-3233208

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of person submitting this report (if not a director)

Signature of Agent (if not a director)

(199)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|------------------|--------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | KETCHEM, JAMES | |
| STREET ADDRESS | 420 MONTGOMERY STREET | |
| CITY, STATE, ZIP | SAN FRANCISCO CA | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | MURPHY, THOMAS J | |
| STREET ADDRESS | 404 CAMINO DEL RIO SOUTH | |
| CITY, STATE, ZIP | SAN DIEGO CA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JACOBS, RODNEY L | |
| STREET ADDRESS | 420 MONTGOMERY STREET | |
| CITY, STATE, ZIP | SAN FRANCISCO CA | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | ZUENDT, WILLIAM F. | |
| STREET ADDRESS | 420 MONTGOMERY STREET | |
| CITY, STATE, ZIP | SAN FRANCISCO CA | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | COPPENRATH, JOAN M. | |
| STREET ADDRESS | 401 W. 24TH ST. | |
| CITY, STATE, ZIP | NATIONAL CITY CA | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ROUNSAVILLE, GUY | |
| STREET ADDRESS | 420 MONTGOMERY STREET | |
| CITY, STATE, ZIP | SAN FRANCISCO CA | |

14 NAME: Richard T. Schliesmann
15 TITLE: Vice President
16 STREET ADDRESS: 1350 Montago Walnut Creek, CA 94598
17 CITY, STATE, ZIP: Walnut Creek, CA 94598
18 TITLE: Change Addition
19 NAME: Change Addition
20 TITLE: Change Addition
21 NAME: Change Addition
22 TITLE: Change Addition
23 NAME: Change Addition
24 TITLE: Change Addition
25 NAME: Change Addition
26 TITLE: Change Addition
27 NAME: Change Addition
28 TITLE: Change Addition
29 NAME: Change Addition
30 TITLE: Change Addition

00000175015910
03/20/96 01021
***200.00

14. I do hereby certify that the information supplied was filed voluntarily, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, change or original agent with an address.

SIGNATURE:

Joan M. Coppenrath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

(619)470-5115

CR2E034 (12/95)

2/27/96