

ACCOUNT NO. : 072100000032

REFERENCE :

323066 4718027

AUTHORIZATION

COST LIMIT

ORDER DATE: July 28, 1999

ORDER TIME : 4:05 PM

ORDER NO. : 323066-045

- 800002949818--7

CUSTOMER NO: 4718027

CUSTOMER: Margaret Weber, Legal Asst Wells Fargo & Company East Norwest Center, M/s 1026 6th St. & Marquette Aye. Minneapolis, MN 55479-1026

CHANGE OF AGENT

NAME:

WELLS FARGO EQUIPMENT FINANCE,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.050	02, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under th	e laws of the State of Minnesota
submits the following statement in order to cha	ange its registered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation is: WELLS FARGO EQUIPMENT FINANCE, INC.	
2. The mailing address of the corporation is: 67	CH & MARQUETTE
MINNEAPOLIS, MN 55479	
3. Date of incorporation/qualification: Septemb	Document number: 857645
4. The name and address of the current register	ed agent and office:
CT Corporation System	SEC .
1200 South Pine Island Road	
Plantation, FL 33324	SSI L
5. The name and address of the new registered	agent and office: (P. O. Box Not Acceptable).
Corporation Service Company	— O-
1201 Hays Street	
Tallahassee, FL 32301	
agent, as changed, will be identical.	the street address of the business office of its registered
Such change was authorized by resolution dul authorized by the board.	y adopted by its board of directors or by an officer so
Chana Sea-Kao	CO 7-22-99
(Signature of an officer, chairman or vice chairman	n of the board) (Date)
DIANA LEA-KAHLE, Secretary	
(Printed or typed name and title)	
performance of my duties, and I am familiar wiregistered agent.	f all statutes relative to the proper and complete
Corporation Service Company,	7-28-99 (Date)
By: Wellorah O. Skipper (Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	-
DEBORAH D. SKIPPER	Assistant Vice President
(Typed or Printed Name)	(Capacity)

* * * FILING FEE: \$35.00 * * *