2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 07, 2000 8:00 am Secretary of State **DOCUMENT # 857645** 1. Entity Name WELLS FARGO EQUIPMENT FINANCE, INC. 05-07-2000 90039 050 ***150.00 Principal Place of Business Mailing Address 733 MARGUETTE AVENUE 733 MARGUETTE AVENUE SUITE 300 SUITE 300 MINNEAPOLIS MN 55479-2048 MINNEAPOLIS MN 55479-2048 ้นร 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 41-0982880 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City FL 8. 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Delete TITLE Change Addition TITLE RENNER, JAMES R. NAME NAME 733 MARQUETTE AVE, STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete MACLEOD, JOHN NAME 733 MARQUETTE AVE., STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN ☐ Change ☐ Addition ☐ Delete TITLE TITLE LACOUNT, MARK J. NAME NAME 733 MARQUETTE AVE, STE 300 STREET ADDRESS STREET ADDRESS MINNEAPOLIS MN CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE LEA-KAHLE, DIANA NAME NAME NORWEST CTR 6TH MARQUETT STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MINNEAPOLIS MN 55479-1026 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE RENNER, JAMES R. NAME 733 MARQUESST AVE, STE 300 STREET ADDRESS STREET ADDRESS MINNEAPOLIA MN CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE WESTERGAARD, RICHARD NAME NAME NORWEST CTR 6TH MANQUETT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MINNEAPOLIS MN 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

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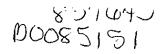
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04/13/2000

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