

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90097 017 ***150.00

DOCUMENT # F95000005222

1. Entity Name

WELLS FARGO HOME MORTGAGE, INC.

Principal Place of Business

1 HOME CAMPUS**MAC X2404-035****DES MOINES IA 50328-0001****US**

Mailing Address

1 HOME CAMPUS**MAC X2404-035****DES MOINES IA 50328-0001****US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

MAC X2401-049

Suite, Apt. #, etc.

MAC X2401-049

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-2318940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY**1201 HAYS STREET****TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input type="checkbox"/> Delete
NAME	OMAN, MARK C	
STREET ADDRESS	1 HOME CAMPUS	
CITY-ST-ZIP	DES MOINES IA 50328-0001	

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, ROBERT	
STREET ADDRESS	1 HOME CAMPUS	
CITY-ST-ZIP	DES MOINES IA 50328-0001	

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geoffrey Dreyer	
STREET ADDRESS	1 Home Campus	
CITY-ST-ZIP	Des Moines, IA 50328-0001	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	JAMES M. STROTHER	
STREET ADDRESS	1 HOMES CAMPUS	
CITY-ST-ZIP	DES MOINES IA 50328-0001	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Delete
NAME	WISSINGER, PETER J	
STREET ADDRESS	1 HOMES CAMPUS	
CITY-ST-ZIP	DES MOINES IA 50328-0001	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY S STROUP	
STREET ADDRESS	633 FLOSON ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	STEVEN D MCCLELLAND	
STREET ADDRESS	1 HOME CAMPUS	
CITY-ST-ZIP	DES MOINES IA 50328-0001	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-TAX**4/24/01**

Date

515-213-7518

Daytime Phone #

Steven D. McClelland

CR2E034 (10/00)