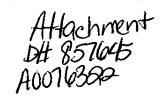
2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Diana Lea

Jul 10, 2001 8:00 am **Secretary of State** DOCUMENT # 857645 1. Entity Name 07-10-2001 90120 029 ***550.00 WELLS FARGO EQUIPMENT FINANCE, INC. Mailing Address Principal Place of Business 733 Marquette Avenue 733 Marquette Avenue A0076322 Suite 300 Suite 300 Minneapolis MN 55479 US Minneapolis, MN 55479US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 41-0982880 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Corporation Service Company 1201 Hays Street Street Address (P.O. Box Number is Not Acceptable) Tallahassee, FL 32301 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE (CAVIII) 255-187-3150.00 Asier MAY 1-2001 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. IMake Check Payable to Department of Sta (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition CR2E034 (11/00) TITLE ☐ Delete TITLE ☐ Change NAME NAME See Attached List. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP MLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP MIE ☐ Delete TITO E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY. ST. 7IP 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.

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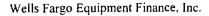
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