2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2002 8:00 am Secretary of State DOCUMENT # 857645 1. Entity Name WELLS FARGO EQUIPMENT FINANCE, INC. 05-03-2002 90041 024 ***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 US 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 Zip Not Applicable Country Country 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change CR2E034 (9/01) NAME RENNER, JAMES R. Addition NAME STREET ADDRESS 733 MARQUETTE AVE, STE 300 STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN CITY-ST-ZIP TITLE ☐ Delete TITLE NAME MACLEOD, JOHN Change ☐ Addition NAME STREET ADDRESS 733 MARQUETTE AVE., STE 300 STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition LACOUNT, MARK J. STREET ADDRESS 733 MARQUETTE AVE, STE 300 STREET ADDRESS CITY-ST-ZIP <u>MINNEAPOLIS MN</u> CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition LEA-KAHLE, DIANA NAME STREET ADDRESS NORWEST CTR 6TH MARQUETT STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN 55479-1026 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME RENNER, JAMES R. ☐ Addition NAME STREET ADDRESS 733 MARQUESST AVE, STE 300 STREET ADDRESS CITY-ST-ZIP MINNEAPOLIA MN CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition WESTERGAARD, RICHARD NAME

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 changed, or on an attachment with an address, with all other-like empowered.

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CITY-ST-ZIP

SIGNATURE:

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