2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# 857645

Entity Name: WELLS FARGO EQUIPMENT FINANCE, INC.

Current Principal Place of Business:

733 MARQUETTE AVENUE
SUITE 700
MINNEAPOLIS, MN 554792048 US

New Principal Place of Business:

733 MARQUETTE AVENUE
SUITE 700
MINNEAPOLIS, MN 554792048 US

Current Mailing Address:

733 MARQUETTE AVENUE
SUITE 700
MINNEAPOLIS, MN 554792048 US

New Mailing Address:

733 MARQUETTE AVENUE
SUITE 700
MINNEAPOLIS, MN 554792048 US

FEI Number: 41-0982880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	RENNER, JAMES R.	
Address:	733 MARQUETTE AVE, STE 700	
City-St-Zip:	MINNEAPOLIS, MN	
Title:	SVP	( ) Delete
Name:	RUPPRECHT, ANDREW,	
Address:	733 MARQUETTE AVE., STE 700	
City-St-Zip:	MINNEAPOLIS, MN	
Title:	T	( ) Delete
Name:	POCRNICH, DANIEL,	
Address:	733 MARQUETTE AVE, STE 700	
City-St-Zip:	MINNEAPOLIS, MN	
Title:	S	( ) Delete
Name:	LEA-KAHLE, DIANA	
Address:	WELLS FARGO CTR 6TH MARQUETT	
City-St-Zip:	MINNEAPOLIS, MN 554791026	
Title:	D	( ) Delete
Name:	RENNER, JAMES R.	
Address:	733 MARQUETTE AVE, STE 700	
City-St-Zip:	MINNEAPOLIS, MN	
Title:	D	( ) Delete
Name:	TIMOTHY J. SLOAN,	
Address:	333 S. GRAND AVENUE	
City-St-Zip:	LOS ANGELES, CA 90071	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA LEA-KAHLE S 04/13/2005

Electronic Signature of Signing Officer or Director — Date