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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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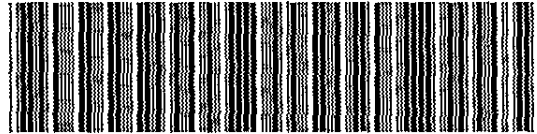
(Business Entity Name)

(Document Number)

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

07 FEB - 6 AM 10:47

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2001 FEB - 6 PM 1:56

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cf. 2-7



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 740577 7329165

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 70.00

ORDER DATE : February 1, 2007

ORDER TIME : 8:52 AM

ORDER NO. : 740577-010

CUSTOMER NO: 7329165

FOREIGN FILINGS

NAME: WELLS FARGO INSURANCE SERVICES  
OF ALABAMA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Wells Fargo Insurance Services of Alabama, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama 3. 62-1817362  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-23-2000 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1701 McFarland Blvd., North, Tuscaloosa, AL 35406-2135  
(Principal office address)

1701 McFarland Blvd., North, Tuscaloosa, AL 35406-2135  
(Current mailing address)

8. insurance agency  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Ausan Eastern, Asst. Sec.  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: see attached list.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: see attached list.

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert M. Greco

(Signature of Director or Officer listed in number 12 of the application)

14. Robert M. Greco, Secretary

(Typed or printed name and capacity of person signing application)

**FILED**  
2007 FEB -6 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 31, 2007

Officers and Directors  
WELLS FARGO INSURANCE SERVICES OF ALABAMA, INC.

Name	Office Held	Business Address
Broderick, Deborah M.	Senior Vice President Asst. Secretary Director	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Greco, Robert M.	Director Secretary	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Ostermeier, Christine M.	Treasurer	150 N. Michigan Avenue, Suite 4100 Chicago, IL 60601
Poellnitz, Jr., Robert W.	President	1701 McFarland Blvd, North Tuscaloosa, AL 35406-2135

Beth Chapman  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Wells Fargo Insurance Services of Alabama, Inc. incorporated in Montgomery County, Montgomery, Alabama on March 23, 2000. I further certify that the records do not disclose that said Wells Fargo Insurance Services of Alabama, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

February 2, 2007

Date

*Beth Chapman*

Beth Chapman

Secretary of State