

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001489

**Entity Name:** WELLS FARGO VENTURES, LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1 HOME CAMPUS  
MAC X2401-049  
DES MOINES, IA 503280001

**New Principal Place of Business:**

405 S. W. 5TH STREET  
DES MOINES, IA 50309

**Current Mailing Address:**

1 HOME CAMPUS  
MAC X2401-049  
DES MOINES, IA 503280001

**New Mailing Address:**

405 W. W. 5TH STREET  
DES MOINES, IA 50309

**FEI Number:** 94-1347393

**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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WELLS FARGO BANK, N.A.  
**Address:** 405 W. W. 5TH STREET  
**City-St-Zip:** DES MOINES, IA 50309

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** DAVID L. MOSKOWITZ

SEC

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date