

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005088

FILED
Jun 18, 2010
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES INVESTMENT ADVISORS, INC.

Current Principal Place of Business:

227 WEST TRADE STREET, SUITE 1550
CHARLOTTE, NC 282021647

New Principal Place of Business:

301 SOUTH COLLEGE STREET
FLOOR 19
CHARLOTTE, NC 28288

Current Mailing Address:

C/O CSC
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

New Mailing Address:

301 SOUTH COLLEGE STREET
FLOOR 19 NC1396
CHARLOTTE, NC 28288

FEI Number: 56-1839855

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 323012525 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

OFFICERS AND DIRECTORS:

Title: PD
Name: CURLEY, JONATHAN
Address: 301 SOUTH COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: S
Name: VOIGHT, CHRISANNA B
Address: 301 SOUTH COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: D
Name: DOSS, ANNE J
Address: 301 SOUTH COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: D
Name: CALL, CHRISTOPHER J
Address: 301 SOUTH COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: T
Name: HIRVONEN, LEE A
Address: 301 SOUTH COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

I hereby 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 all other like empowered.

SIGNATURE: CHRISANNA B VOIGHT

S

06/18/2010

Electronic Signature of Signing Officer or Director

Date