

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S13593

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC3752804393**

**Entity Name:** WELLS FARGO FINANCIAL SYSTEM FLORIDA, INC.

**Current Principal Place of Business:**

800 WALNUT STREET  
DES MOINES, IA 50309

**Current Mailing Address:**

800 WALNUT STREET  
DES MOINES, IA 50309

**FEI Number:** 42-1361559

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title PD  
Name ANDERSON, DEAN R  
Address 800 WALNUT STREET  
City-State-Zip: DES MOINES IA 50309

Title TD  
Name MILLER, BRUCE A  
Address 800 WALNUT STREET  
City-State-Zip: DES MOINES IA 50309

Title S  
Name MCCOMBS, DEBRA L  
Address 800 WALNUT STREET  
City-State-Zip: DES MOINES IA 50309

Title D  
Name NEIMANIS, GARY  
Address 800 WALNUT STREET  
City-State-Zip: DES MOINES IA 50309

*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:** DEBRA L. MCCOMBS

**SECRETARY**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date