

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001489

**Entity Name:** WELLS FARGO VENTURES, LLC**Current Principal Place of Business:**405 S. W. 5TH STREET  
DES MOINES, IA 50309**Current Mailing Address:**405 S. W. 5TH STREET  
DES MOINES, IA 50309**FEI Number:** 94-1347393**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title	MGR
Name	COFFIN, MARY C
Address	405 S. W. 5TH STREET
City-State-Zip:	DES MOINES IA 50309

Title	MGR
Name	HEID, MICHAEL J
Address	405 S. W. 5TH STREET
City-State-Zip:	DES MOINES IA 50309

Title	MGR
Name	MORIARTY, TOD J
Address	405 S. W. 5TH STREET
City-State-Zip:	DES MOINES IA 50309

Title	AUTHORIZED PERSON
Name	MESSENGER, DEIDRE
Address	405 S. W. 5TH 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEIDRE MESSENGER**AUTHORIZED PERSON****05/01/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date