

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001809

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

**Current Principal Place of Business:**

ONE NORTH JEFFERSON AVENUE  
ST. LOUIS, MO 63103

**Current Mailing Address:**

ONE NORTH JEFFERSON AVENUE  
ST. LOUIS, MO 63103 US

**FEI Number: 34-1542819**

**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

**Authorized Person(s) Detail :**

Title MGR  
Name MACK, MARY T  
Address 1 NORTH JEFFERSON AVENUE  
City-State-Zip: ST. LOUIS MO 63103

Title MGR  
Name MEYER, BRAND  
Address 1 NORTH JEFFERSON AVENUE  
City-State-Zip: ST. LOUIS MO 63103

Title MRG  
Name PARKER, II, JOHN C  
Address 1 NORTH JEFFERSON AVENUE  
City-State-Zip: ST. LOUIS MO 63103

Title AUTHORIZED PERSON  
Name JACKSON, BEVERLY  
Address ONE NORTH JEFFERSON AVENUE  
City-State-Zip: ST. LOUIS MO 63103

*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: BEVERLY JACKSON**

**AUTHORIZED PERSON**

**04/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date