

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003332

Entity Name: WELLS FARGO CAPITAL FINANCE, LLC

Current Principal Place of Business:

2450 COLORADO AVE., SUITE 3000-W
SANTA MONICA, CA 90404

Current Mailing Address:

2450 COLORADO AVE., SUITE 3000-W
SANTA MONICA, CA 90404

FEI Number: 26-3469487

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 DIEHL, SCOTT R
Address 2450 COLORADO AVE., SUITE 3000-W
City-State-Zip: SANTA MONICA CA 90404

Title MGR
Name WEBBER, DAVID
Address 2450 COLORADO AVE., SUITE 3000-W
City-State-Zip: SANTA MONICA CA 90404

Title MGR
Name FLOWERS, DEREK
Address 2450 COLORADO AVE., SUITE 3000-W
City-State-Zip: SANTA MONICA CA 90404

Title MGR
Name MACKO, STEVEN
Address 2450 COLORADO AVE., SUITE 3000-W
City-State-Zip: SANTA MONICA CA 90404

Title MGR
Name MARSDEN, KURT
Address 2450 COLORADO AVE., SUITE 3000-W
City-State-Zip: SANTA MONICA CA 90404

Title AUTHORIZED PERSON
Name ERNST, DEANNA
Address 2450 COLORADO AVE., SUITE 3000-W
City-State-Zip: SANTA MONICA CA 90404

Title MGR
Name BLAKEY, JERRY E.
Address 2450 COLORADO AVE., SUITE 3000-W
City-State-Zip: SANTA MONICA CA 90404

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: DEANNA ERNST

AUTHORIZED PERSON

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date