2016 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

FILED Apr 25, 2016 Secretary of State CC2363084071

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 Title MGR

Name JORDAN, HENRY K Name DIEHL, SCOTT R

Address 2450 COLORADO AVE., SUITE 3000-W Address 2450 COLORADO AVE., SUITE 3000-W

City-State-Zip: SANTA MONICA CA 90404 City-State-Zip: SANTA MONICA CA 90404

Title MGR Title MGR

Name WEBBER, DAVID Name FLOWERS, DEREK

Address 2450 COLORADO AVE., SUITE 3000-W Address 2450 COLORADO AVE., SUITE 3000-W

City-State-Zip: SANTA MONICA CA 90404 City-State-Zip: SANTA MONICA CA 90404

Title MGR Title MGR

Name FUCHS, GUY Name MACKO, STEVEN

Address 2450 COLORADO AVE., SUITE 3000-W Address 2450 COLORADO AVE., SUITE 3000-W

City-State-Zip: SANTA MONICA CA 90404 City-State-Zip: SANTA MONICA CA 90404

Title MGR Title MGR

Name MARSDEN, KURT Name SLOAN, TIMOTHY J.

Address 2450 COLORADO AVE., SUITE 3000-W Address 2450 COLORADO AVE., SUITE 3000-W

City-State-Zip: SANTA MONICA CA 90404 City-State-Zip: SANTA MONICA CA 90404

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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 04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title AUTHORIZED PERSON

Name ERNST, DEANNA

Address 2450 COLORADO AVE., SUITE 3000-W

City-State-Zip: SANTA MONICA CA 90404