

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000006649

**Entity Name:** WELLS FARGO COMMERCIAL DISTRIBUTION FINANCE, LLC

**Current Principal Place of Business:**

10 SOUTH WACKER DRIVE  
CHICAGO, IL 60606

**Current Mailing Address:**

10 SOUTH WACKER DRIVE  
CHICAGO, IL 60606 US

**FEI Number:** 94-3054016

**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           MANAGER  
Name           BARBER, RAYMOND  
Address        2200 N COMMERCE PKWY  
                  SUITE 300  
City-State-Zip: WESTON FL 33326

Title           MANAGER  
Name           HOLM, PAMELA  
Address        5595 TRILLIUM BLVD  
City-State-Zip: HOFFMAN ESTATES IL 60192

Title           MANAGER  
Name           PEATROSS, CRAIG  
Address        100 N MAIN ST  
City-State-Zip: WINSTON SALEM NC 27101

Title           SECRETARY  
Name           ERNST, DEANNA  
Address        401 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

*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

**SECRETARY**

**04/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date