

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845522

Entity Name: WELLS FARGO FINANCIAL LEASING, INC.**Current Principal Place of Business:**800 WALNUT STREET
DES MOINES, IA 50309**Current Mailing Address:**800 WALNUT STREET
DES MOINES, IA 50309**FEI Number:** 42-1074725**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**Officer/Director Detail :**

Title	T
Name	MILLER, BRUCE A
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309

Title	S
Name	MCCOMBS, DEBRA L
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309

Title	P, DIRECTOR
Name	MAYER, WILLIAM J
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	BLAKEY, JERRY EDWARD
Address	800 WALNUT STREET
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	RUPPRECHT, ANDREW T
Address	800 WALNUT 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA MCCOMBS**AUTHORIZED PERSON****04/26/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date