

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005088

**Entity Name:** WELLS FARGO INSURANCE SERVICES INVESTMENT ADVISORS, INC.

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC6889881142**

**Current Principal Place of Business:**

301 SOUTH COLLEGE STREET  
FLOOR 19  
CHARLOTTE, NC 28288

**Current Mailing Address:**

301 SOUTH COLLEGE STREET  
FLOOR 19 NC1396  
CHARLOTTE, NC 28288

**FEI Number: 56-1839855**

**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 PD  
Name CURLEY, JONATHAN E  
Address 301 SOUTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28288

Title S  
Name VOIGHT, CHRISANNA B  
Address 301 SOUTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28288

Title D  
Name DOSS, ANNE  
Address 301 SOUTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28288

Title D  
Name CALL, CHRISTOPHER J  
Address 301 SOUTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28288

Title T  
Name DUNCAN, JENNY A  
Address 301 SOUTH COLLEGE STREET  
City-State-Zip: CHARLOTTE NC 28288

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: CHRISANNA B VOIGHT**

**AUTHORIZED PERSON**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date