

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005088

Entity Name: WELLS FARGO INSURANCE SERVICES INVESTMENT ADVISORS, INC.**FILED**
Apr 25, 2016
Secretary of State
CC8249768490**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

Title	AUTHORIZED PERSON
Name	JACKSON, BEVERLY
Address	301 SOUTH COLLEGE STREET FLOOR 19
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: BEVERLY JACKSON**AUTHORIZED PERSON****04/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date