

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003592

Entity Name: WEX BANK

Current Principal Place of Business:

7090 SOUTH UNION PARK CENTER
SUITE 350
MIDVALE CITY, UT 84047

Current Mailing Address:

7090 SOUTH UNION PARK CENTER
SUITE 350
MIDVALE CITY, UT 84047 US

FEI Number: 84-1425616

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

Officer/Director Detail :

Title CHAIRMAN, PRESIDENT, CEO
Name KIRK, WEILER S
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title DIRECTOR
Name CONNOLLY, PETER S
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title SECRETARY
Name RAPKIN, HILARY A
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title VP, CFO, ASST. SECRETARY
Name HAAS, DARREN
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title TREASURER
Name BENDIG, ROBERT
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title COMPLIANCE OFFICER
Name WILLIAMS, ANGIE
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title CREDIT RISK OFFICER
Name DANSIE, KEVIN
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title CHIEF CREDIT OFFICER
Name STURM, MICHAEL
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

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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 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: GREGORY WIESSNER

ASSISTANT SECRETARY 06/12/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ELDER, STEVE
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title DIRECTOR
Name LOEBBECKE, JAMES
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title DIRECTOR
Name ANDERSON, GRETCHEN
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title DIRECTOR
Name EMERY, RANDY
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title DIRECTOR
Name THACKERAY, MILTON
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047

Title ASST. SECRETARY
Name WIESSNER, GREGORY
Address 7090 SOUTH UNION PARK CENTER
SUITE 350
City-State-Zip: MIDVALE CITY UT 84047