

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14871

Entity Name: WELLS FARGO INSURANCE SERVICES OF WEST VIRGINIA, INC.**FILED**
May 01, 2014
Secretary of State
CC0583127695**Current Principal Place of Business:**1 HILLCREST DR EAST
CHARLESTON, WV 25311**Current Mailing Address:**1 HILLCREST DR EAST
CHARLESTON, WV 25311 US**FEI Number: 55-0329835****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	D
Name	MEEHAN, JOHN S
Address	1 HILLCREST DR EAST
City-State-Zip:	CHARLESTON WV 25311

Title	S
Name	MESSENGER, DEIDRE A
Address	1 HILLCREST DR EAST
City-State-Zip:	CHARLESTON WV 25311

Title	D
Name	ISAACSON, SCOTT R
Address	1 HILLCREST DR EAST
City-State-Zip:	CHARLESTON WV 25311

Title	D
Name	LANGER-HANSEN, DONNA J
Address	1 HILLCREST DR EAST
City-State-Zip:	CHARLESTON WV 25311

Title	T
Name	CALLAN, TINA T
Address	1 HILLCREST DR EAST
City-State-Zip:	CHARLESTON WV 25311

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: DEIDRE A MESSENGER**SECRETARY****05/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date