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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 820768 (0)

1. Corporation Name
WELLS FARGO ARMORED SERVICE CORPORATION

Principal Place of Business

6165 BARFIELD RD
STE 200
ATLANTA GA 30328
US

Mailing Address

200 SO MICHIGAN AVE
CHICAGO IL 60604-2402
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/02/1967

3a. Date of Last Report

05/01/1996

4. FEI Number

13-2592769

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, JOHN D	
STREET ADDRESS	200 S MICHIGAN AVE	
CITY, ST, ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOOD, TIMOTHY M	
STREET ADDRESS	200 SO MICHIGAN AVE	
CITY, ST, ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOINER, DANNY M.	
STREET ADDRESS	6165 BARFIELD RD.	
CITY, ST, ZIP	ATLANTA GA 30328	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	VELDMAN, SCOTT R.	
STREET ADDRESS	200 S MICHIGAN AVE	
CITY, ST, ZIP	CHICAGO IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ERB, ARTHUR A.	
STREET ADDRESS	6165 BARFIELD RD	
CITY, ST, ZIP	ATLANTA GA 30328	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BUSKO, GREGORY J.	
STREET ADDRESS	6165 BARFIELD RD	
CITY, ST, ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ADRIAN, JOE J.
1.3 STREET ADDRESS	200 S. MICHIGAN AVE.
1.4 CITY, ST, ZIP	CHICAGO IL 60604
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	COOPER, BRIAN S.
4.4 CITY, ST, ZIP	200 S. MICHIGAN AVE
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	BLIGH, DIANA W
6.4 CITY, ST, ZIP	200 S. MICHIGAN AVE
	CHICAGO IL 60604

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diana W. Bligh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana W. Bligh

3/31/97

312 322-8500