FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:30

DOCUMENT # **831114** **(4)**

1. Corporation Name
WELLS FARGO LEASING CORPORATION

Principal Place of Business	Mailing Address
420 MONTGOMERY STREET SAN FRANCISCO CA 94104	420 MONTGOMERY STREET SAN FRANCISCO CA 94104

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/22/1973	04/05/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **94-1754247** ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	Vice President	☐ Change XX Addition
NAME	ARDLEIGH, PAUL D.	12 NAME	Sondra Campbell	
STREET ADDRESS	420 MONTGOMERY ST.	13 STREET ADDRESS	420 Montgomery Street	
CITY-ST-ZIP	SAN FRANCISCO CA	14 CITY-ST-ZIP	San Francisco, CA 94163	
TITLE	P	21 TITLE	President	XX Change ☐ Addition
NAME	LOUGHLIN, MICHAEL J.	22 NAME	E. Alan Holroyde	
STREET ADDRESS	420 MONTGOMERY ST.	23 STREET ADDRESS	420 Montgomery Street	
CITY-ST-ZIP	SAN FRANCISCO CA	24 CITY-ST-ZIP	San Francisco, CA 94163	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	ROUNSAVILLE, GUY JR.	32 NAME		
STREET ADDRESS	420 MONTGOMERY ST.	33 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA	34 CITY-ST-ZIP		
TITLE	AS	41 TITLE	Assistant Secretary	☐ Change XX Addition
NAME	MANCILL, PATRICIA A.	42 NAME	Matthew Hohenberger	
STREET ADDRESS	420 MONTGOMERY ST.	43 STREET ADDRESS	343 Sansome Street	
CITY-ST-ZIP	SAN FRANCISCO CA	44 CITY-ST-ZIP	San Francisco, CA 94163	
TITLE	C	51 TITLE	Chairman of the Board	XX Change ☐ Addition
NAME	JOHNSON, CHARLES M.	52 NAME	Michael J. Gillfillan	
STREET ADDRESS	420 MONTGOMERY ST.	53 STREET ADDRESS	420 Montgomery Street	
CITY-ST-ZIP	SAN FRANCISCO CA	54 CITY-ST-ZIP	San Francisco, CA 94163	
TITLE		61 TITLE	VP & Treasurer	☐ Change XX Addition
NAME		62 NAME	Stephen M. Ellis	
STREET ADDRESS		63 STREET ADDRESS	420 Montgomery Street	
CITY-ST-ZIP		64 CITY-ST-ZIP	San Francisco, CA 94163	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sondra Campbell 3/30/95 415-396-7588
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sondra Campbell, Vice President

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