

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90212 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831114

1. Corporation Name

WELLS FARGO LEASING CORPORATION

Principal Place of Business
**420 MONTGOMERY STREET
SAN FRANCISCO CA 94163**

Mailing Address
**420 MONTGOMERY STREET
SAN FRANCISCO CA 94163**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1973

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **633 Folsom St., 7th flr.**

22 City & State

27 **MAC 0149-071**
28 **San Francisco, CA**

23 Zip Country

29 **94107-3600** 30 **USA**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **COB** ☐ DELETE
NAME **GILLFILLAN, MICHAEL J**
STREET ADDRESS **420 MONTGOMERY STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94163**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Director

☒ Change ☐ Addition

TITLE **PD** ☐ DELETE
NAME **WALKER, JAE L**
STREET ADDRESS **420 MONTGOMERY STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94163**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Director

☒ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **DIAO, NANCY**
STREET ADDRESS **420 MONTGOMERY STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94163**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**Vice President
Diane A. Davis Breur
711 West Broadway
Tempe, AZ 85282**

☐ Change ☒ Addition

TITLE **DSVP** ☒ DELETE
NAME **BROWN, MICHAEL S**
STREET ADDRESS **633 17TH STREET, 4TH FLOOR**
CITY-ST-ZIP **DENVER CO 80202**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**Assistant Secretary
Pui-Mei Wong
633 Folsom St., 7th Floor
San Francisco, CA 94107-3600**

☐ Change ☒ Addition

TITLE **D** ☒ DELETE
NAME **SCHLIESMANN, RICHARD T**
STREET ADDRESS **1350 MONTEGO**
CITY-ST-ZIP **WALNUT CREEK CA 94598**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**President
Michael S. Brown
633 - 17th Street
Denver, CO 80202**

☐ Change ☒ Addition

TITLE **VP** ☐ DELETE
NAME **CAMPBELL, SONDR**
STREET ADDRESS **420 MONTGOMERY STREET, 1ST FLOOR**
CITY-ST-ZIP **SAN FRANCISCO CA 94163**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 1999

Date

(415) 396-4536

Daytime Phone #

CR2E034 (1/1/98)