

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90012 022 ***550.00

0135046 AT

DOCUMENT # 855251
1. Entity Name
FIRST INTERSTATE BANCORPORATION, INC.

Principal Place of Business 420 MONTGOMERY STREET SAN FRANCISCO CA 94163 US	Mailing Address SIXTN AND MARQUETTE WELLS FARGO CENTER MAC N9305-173 MINNEAPOLIS MN 55479 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number **51-0267258** **Applied For** ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

8. 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **(See criteria on back)**

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	KARI, ROSS J
STREET ADDRESS	420 MONTGOMERY STREET., MAC A0101-121
CITY-ST-ZIP	SAN FRANCISCO CA 94104
TITLE	VPS <input type="checkbox"/> Delete
NAME	SINGLEY, ROBERT S
STREET ADDRESS	633 FOLSOM STREET., MAC A0149-071
CITY-ST-ZIP	SAN FRANCISCO CA 94107
TITLE	T <input type="checkbox"/> Delete
NAME	ESSEX, JOHN
STREET ADDRESS	633 FOLSOM STREET, 7TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO CA 94107-3618
TITLE	AVPS <input type="checkbox"/> Delete
NAME	WONG, PUI-MEI
STREET ADDRESS	633 FOLSOM STREET., MAC A0149-071
CITY-ST-ZIP	SAN FRANCISCO CA 94107
TITLE	VP <input type="checkbox"/> Delete
NAME	ARDLEIGH, PAUL D
STREET ADDRESS	111 PINE STREET., MAC A0191-083
CITY-ST-ZIP	SAN FRANCISCO CA 94111
TITLE	D <input type="checkbox"/> Delete
NAME	OSTLER, CLYDE W
STREET ADDRESS	420 MONTGOMERY STREET., MAC A0101-121
CITY-ST-ZIP	SAN FRANCISCO CA 94104

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert S. Singley* **REQUIRED** *Robert S. Singley* **Date** *(415) 396-4536*

CR2E034 (5/01)