

2004 FOR PROFIT CORPORATION ANNUAL REPORT

#13701

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90501 013 ***150.00

DOCUMENT # 855725

1. Entity Name
WELLS FARGO FINANCIAL AMERICA, INC.



Principal Place of Business
**800 WALNUT STREET
DES MOINES, IA 50309-3636**

Mailing Address
**800 WALNUT STREET
DES MOINES, IA 50309-3636**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004 Chg-P CR2E034 (10/03)

4. FEI Number
42-1185651

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ADAM, CHRISTOPHER J	
STREET ADDRESS	800 WALNUT STREET	
CITY-ST-ZIP	DES MOINES, IA 503093636	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, BRUCE A	
STREET ADDRESS	800 WALNUT STREET	
CITY-ST-ZIP	DES MOINES, IA 503093636	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	POETTING, GARY M	
STREET ADDRESS	800 WALNUT STREET	
CITY-ST-ZIP	DES MOINES, IA 503093636	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSON, DEAN R	
STREET ADDRESS	800 WALNUT STREET	
CITY-ST-ZIP	DES MOINES, IA 503093636	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KUNZ, FAYE L	
STREET ADDRESS	800 WALNUT STREET	
CITY-ST-ZIP	DES MOINES, IA 503093636	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FISHER, DAVID A	
STREET ADDRESS	800 WALNUT STREET	
CITY-ST-ZIP	DES MOINES, IA 503093636	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramsay, Reed W.	
STREET ADDRESS	800 Walnut Street	
CITY-ST-ZIP	Des Moines, IA 50309-3636	
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		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Owenson, Steven N.	
STREET ADDRESS	800 Walnut Street	
CITY-ST-ZIP	Des Moines, IA 50309-3636	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce A. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. Miller
Vice President

April 16, 2004

(515) 557-7502

Date

Daytime Phone #