

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000075

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: WELLS CAPITAL MANAGEMENT INCORPORATED

**Current Principal Place of Business:**

525 MARKET STREET, 10TH FLOOR  
SAN FRANCISCO, CA 94105

**New Principal Place of Business:**

**Current Mailing Address:**

WELLS FARGO CENTER  
SIXTH AND MARQUETTE, N9305-173  
MINNEAPOLIS, MN 55479

**New Mailing Address:**

FEI Number: 95-3692822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BISSELL, ROBERT W  
Address: 333 S. GRAND AVENUE  
City-St-Zip: LOS ANGELES, CA 90071

Title: D ( ) Delete  
Name: HARTMAN, KIRK D  
Address: 333 S. GRAND AVENUE  
City-St-Zip: LOS ANGELES, CA 90071

Title: D ( ) Delete  
Name: TIMONEY, WILLIAM I  
Address: 525 MARKET STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: V ( ) Delete  
Name: O'KEEFE, DAVID  
Address: 525 MARKET ST., A0103-101  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: VS ( ) Delete  
Name: SHIVER, MAI S  
Address: 525 MARKET ST., A0103-101  
City-St-Zip: SAN FRANCISCO, CA 94105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TIMONEY, WILLIAM L  
Address: 525 MARKET STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID O'KEEFE

SVP

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date