

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000094

FILED
Mar 18, 2008
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES OF OREGON, INC.

Current Principal Place of Business:

3501 FAIRVIEW INDUSTRIAL DR. SE
SALEM, OR 97302

New Principal Place of Business:

Current Mailing Address:

3501 FAIRVIEW INDUSTRIAL DR. SE
SALEM, OR 97302

New Mailing Address:

FEI Number: 91-1466636

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 32301 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: DS () Delete
Name: GRECO, ROBERT M
Address: 150 N. MICHIGAN AVENUE, SUITE 4100
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: BRODERICK, DEBORAH M
Address: 150 N. MICHIGAN AVENUE, SUITE 4100
City-St-Zip: CHICAGO, IL 60601

Title: P () Delete
Name: WOOD, H. DAVID
Address: 4742 N. 24TH STREET, SUITE 270
City-St-Zip: PHOENIX, AZ 85016

Title: V () Delete
Name: KAAHANUI, LINDA K
Address: 222 SW COLUMBIA STREET, SUITE 1250
City-St-Zip: PORTLAND, OR 97201

Title: T () Delete
Name: OSTERMEIER, CHRISTINE M
Address: 150 N. MICHIGAN AVENUE, SUITE 4100
City-St-Zip: CHICAGO, IL 60601

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: AVP () Change (X) Addition
Name: ABRAHAMSON, ANN M AVP
Address: 3501 FAIRVIEW INDUSTRIAL DR SE
City-St-Zip: SALEM, OR 97302 US

I hereby certify that the information supplied with this filing does not qualify 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: ANN M ABRAHAMSON

AVP

03/18/2008

Electronic Signature of Signing Officer or Director

Date