

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000686

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

444 LIBERTY AVENUE
PITTSBURGH, PA 15222

New Principal Place of Business:

Current Mailing Address:

444 LIBERTY AVENUE
PITTSBURGH, PA 15222

New Mailing Address:

FEI Number: 25-1684708

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: P () Delete
Name: SUSCO, MARK F
Address: 444 LIBERTY AVENUE
City-St-Zip: PITTSBURGH, PA 15222

Title: VP () Delete
Name: BAILLIE, DOUGLAS W
Address: 4900 RITTER ROAD SUITE 250
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPAS (X) Delete
Name: BRODERICK, DEBORAH M
Address: 150 N MICHIGAN AVE STE 4100
City-St-Zip: CHICAGO, IL 60601

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

Title: VP () Delete
Name: FIEDLER, FREDERICK G
Address: 2501 W 12TH STREET
City-St-Zip: ERIE, PA 16505

Title: SD () Delete
Name: GRECO, ROBERT M
Address: 150 N MICHIGAN AVE STE 4100
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: VALERIO, JOSEPH
Address: 701 LEE ROAD, SUITE 205
City-St-Zip: CHESTERBROOK, PA 17087

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:

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: MARK F. SUSCO

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date