2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002285

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

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
639 EAST MAIN STREET SUITE A HENDERSONVILLE, TN 37075				10025 INVESTMENT DRIVE SUITE 120 KNOXVILLE, TN 37932 US				
Current Mailing Address:				New Mailing Address:				
639 EAST MAIN STREET SUITE A HENDERSONVILLE, TN 37075				10025 INVESTMENT DRIVE SUITE 120 KNOXVILLE, TN 37932 US				
FEI Number: 62-0922405 FEI Number Applied For () FEI Number			FEI Nun	mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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.								
SIGNATUF		<u> </u>						
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	BRODERICK, DE	I AVE SUITE 4100		Title: Name: Address: City-St-Zip:	BRODERICK, D	N AVE SUITE 4100	י	
Title: Name: Address: City-St-Zip:	BRODERICK, DE	I AVE SUITE 4100		Title: Name: Address: City-St-Zip:	GRECO, ROBE	N AVE SUITE 4100	י	
Title: Name: Address: City-St-Zip:	VPAT () I CRUM, BILL ONE HILLCREST CHARLESTON, V			Title: Name: Address: City-St-Zip:	PRES (X) ANDREW, PATE ONE HILLCRES CHARLESTON,	T DRIVE EAST	1	
Title: Name: Address: City-St-Zip:	DS (X) I GRECO, ROBER 150 N MICHIGAN CHICAGO, IL 60	T AVE SUITE 4100		Title: Name: Address: City-St-Zip:	()	Change () Addition	1	
Title: Name: Address: City-St-Zip:	OSTERMEIER, C	I AVE SUITE 4100		Title: Name: Address: City-St-Zip:	()	Change () Addition	1	
Title: Name: Address: City-St-Zip:	P (X) I PATERNO, ANDF ONE HILLCREST CHARLESTON, V	DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	1	

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: ANDREW PATERNO PRES 01/09/2008