## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000005163

Entity Name: WELLS FARGO RE, INC.

Title:

Name:

Address:

City-St-Zip:

## FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
PRINCETON PIKE CORPORATE CENTER 989 DR. STE 208 LAWRENCEVILLE, NJ 08648				PRINCETON PIKE CORPORATE CTR STE 208 989 LENOX DRIVE LAWRENCEVILLE, NJ 08648		
Current Mailing Address:				New Mailing Address:		
PRINCETON PIKE CORPORATE CENTER 989 DR. STE 208 LAWRENCEVILLE, NJ 08648				PRINCETON PIKE CORPORATE CT STE 208 989 LENOX DRIVE LAWRENCEVILLE, NJ 08648		
FEI Number:	42-1548579	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	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 in the State		submits this statement for the pu	ırpose of	changing it	s registere	d office or registered agent, or both,
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BRODERICK, D	N AVE STE 3900		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	GRECO, ROBE	N AVE STE 3900		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	BLANTON, ALF	KE CORPORATE CENTER 989 DR.		Title: Name: Address: City-St-Zip:		(X) Change () Addition ALFRED H N PIKE CORP CTR 989 LENOX DR #208 EVILLE, NJ 08648

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALFRED BLANTON P 01/07/2008

() Delete

OSTERMEIER, CHRISTINE M

CHICAGO, IL 60601

150 N MICHIGAN AVE STE 3900

() Change () Addition