

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005163

Entity Name: WELLS FARGO RE, INC.

FILED  
Apr 27, 2011  
Secretary of State

## Current Principal Place of Business:

PRINCETON PIKE CORPORATE CTR STE 208  
989 LENOX DRIVE  
LAWRENCEVILLE, NJ 08648

## New Principal Place of Business:

989 LENOX DRIVE  
LAWRENCEVILLE, NJ 08648

## Current Mailing Address:

PRINCETON PIKE CORPORATE CT STE 208  
989 LENOX DRIVE  
LAWRENCEVILLE, NJ 08648

## New Mailing Address:

989 LENOX DRIVE  
LAWRENCEVILLE, NJ 08648

FEI Number: 42-1548579

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

## OFFICERS AND DIRECTORS:

Title: DVP  
Name: BRODERICK, DEBORAH M  
Address: 989 LENOX DRIVE  
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: DS  
Name: GRECO, ROBERT M  
Address: 989 LENOX DRIVE  
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: P  
Name: ISAACSON, SCOTT R  
Address: 989 LENOX DRIVE  
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: T  
Name: OSTERMEIER, CHRISTINE M  
Address: 989 LENOX DRIVE  
City-St-Zip: LAWRENCEVILLE, NJ 08648

I hereby 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 all other like empowered.

SIGNATURE: ROBERT M GRECO

DS

04/27/2011

Electronic Signature of Signing Officer or Director

Date