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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003212 (8)

1. Corporation Name
WELLS FARGO, LTD., INC.



Principal Place of Business

420 MONTGOMERY
MAC 0101-064
SAN FRANCISCO CA 94163
US

Mailing Address

111 SUTTER ST.
MAC 0188-181
SAN FRANCISCO CA 94104-4545
US

3. Date Incorporated or Qualified
07/13/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

99-0081988

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTSON, GILBERTT D	
STREET ADDRESS	733 BISHOP ST., 24TH FLOOR	
CITY- ST- ZIP	HONOLULU HI 96813-4070	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLFILLAN, MICHAEL J	
STREET ADDRESS	420 MONTGOMERY ST.	
CITY- ST- ZIP	SAN FRANCISCO CA 94163	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, RODNEY L	
STREET ADDRESS	420 MONTGOMERY ST.	
CITY- ST- ZIP	SAN FRANCISCO CA 94163	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOHNSON, CHARLES M	
STREET ADDRESS	420 MONTGOMERY ST.	
CITY- ST- ZIP	SAN FRANCISCO CA 94163	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOWSLEY, J C	
STREET ADDRESS	111 SUTTER ST.	
CITY- ST- ZIP	SAN FRANCISCO CA 94163	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SINCLAIR, MICHAEL	
STREET ADDRESS	111 SUTTER ST.	
CITY- ST- ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert J. Singley ROBERT J. SINGLEY

3-11-97

(415) 396-4526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)