

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 94163
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/13/1993
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 99-0081988
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 Zip Code

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTSON, GILBERT D	1.2 NAME	
STREET ADDRESS	733 BISHOP ST., 24TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HONOLULU HI 96813-4070	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLFILLAN, MICHAEL J	2.2 NAME	
STREET ADDRESS	420 MONTGOMERY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, RODNEY L	3.2 NAME	
STREET ADDRESS	420 MONTGOMERY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES M	4.2 NAME	
STREET ADDRESS	420 MONTGOMERY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWSLEY, J C	5.2 NAME	
STREET ADDRESS	111 SUTTER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94163	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, MICHAEL	6.2 NAME	
STREET ADDRESS	111 SUTTER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	6.4 CITY-ST-ZIP	

14. I 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. Linder

Assistant Secretary

1-15-98

206-1536

CR2E034 (10/97)