

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90137 034 ***150.00

DOCUMENT # F93000003212

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

3. Date Incorporated or Qualified
07/13/1993

4. FEI Number
99-0081988

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **633 Folsom St., 7th flr.**

22 City & State

27 **MAC 0149-071**

23 Zip

28 **San Francisco, CA 94107**

24 Country

29 Zip

25 Country

30 Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, 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** ☐ DELETE
NAME **BUTSON, GILBERT D**
STREET ADDRESS **733 BISHOP ST., 24TH FLOOR**
CITY-ST-ZIP **HONOLULU HI 96813-4070**

1.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition
1.2 NAME **Pui-Mei Wong**
1.3 STREET ADDRESS **633 Folsom Street, 7th Floor**
1.4 CITY-ST-ZIP **San Francisco, CA 94107-3600**

TITLE **D** ☐ DELETE
NAME **GILLFILLAN, MICHAEL J**
STREET ADDRESS **420 MONTGOMERY ST.**
CITY-ST-ZIP **SAN FRANCISCO CA 94163**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JACOBS, RODNEY L**
STREET ADDRESS **420 MONTGOMERY ST.**
CITY-ST-ZIP **SAN FRANCISCO CA 94163**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **JOHNSON, CHARLES M**
STREET ADDRESS **420 MONTGOMERY ST.**
CITY-ST-ZIP **SAN FRANCISCO CA 94163**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **HOWSLEY, J C**
STREET ADDRESS **111 SUTTER ST.**
CITY-ST-ZIP **SAN FRANCISCO CA 94163**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **SINCLAIR, MICHAEL**
STREET ADDRESS **111 SUTTER ST.**
CITY-ST-ZIP **SAN FRANCISCO CA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED** Assistant Secretary

1/11/99

(415) 396-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0555245