

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90317 029 ***150.00

0667658 AB

DOCUMENT # F95000005222

1. Entity Name
WELLS FARGO HOME MORTGAGE, INC.



Principal Place of Business
1 HOME CAMPUS
MAC X2401-049
DES MOINES IA 50328-0001
US

Mailing Address
1 HOME CAMPUS
MAC X2401-049
DES MOINES IA 50328-0001
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-2318940**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **OMAN, MARK C**
STREET ADDRESS **1 HOME CAMPUS**
CITY-ST-ZIP **DES MOINES IA 50328-0001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SCALLON, ROBERT**
STREET ADDRESS **1 HOME CAMPUS**
CITY-ST-ZIP **DES MOINES IA 50328-0001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **HEID, MICHAEL**
STREET ADDRESS **1 HOMES CAMPUS**
CITY-ST-ZIP **DES MOINES IA 50328-0001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** ☐ Delete
NAME **WISSINGER, PETER J**
STREET ADDRESS **1 HOMES CAMPUS**
CITY-ST-ZIP **DES MOINES IA 50328-0001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STANLEY S STROUP**
STREET ADDRESS **633 FLOSON ST**
CITY-ST-ZIP **SAN FRANCISCO CA 94107**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **MOSKOWITZ, DAVID**
STREET ADDRESS **1 HOME CAMPUS**
CITY-ST-ZIP **DES MOINES IA 50328-0001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Scallion-AVP

4/25/03

Daytime Phone #

515-213-7559

Daytime Phone #

CR2E034 (10/02)