2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000941

Entity Name: WELLS FARGO INSURANCE SERVICES OF TEXAS, INC.

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
24 GREENWAY PLAZA #1100 HOUSTON, TX 77046 US			24 GREENWAY PLAZA SUITE 1100 HOUSTON, TX 77046 US					
Current Mailing Address:				New Mailing Address:				
PO BOX 98 HOUSTON	33 I, TX 77001	US						
FEI Number:	74-1747820	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certifica	te of Status D	esired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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.								
SIGNATUF	RE:							
Election Con		ic Signature of Registered Agen	t				Date	
		g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	V () SKIBELL, BETT 9202 GARDNEF LUBBOCK, TX	R AVENUE		Title: Name: Address: City-St-Zip:	VP SKIBELL, BE 5214 68TH S LUBBOCK, T	TREET) Addition	
Title: Name: Address: City-St-Zip:	BRODERICK, D	N AVE STE 4100		Title: Name: Address: City-St-Zip:	VP BRODERICK 150 N MICHI CHICAGO, IL	GAN AVE ST	M	
Title: Name: Address: City-St-Zip:	P () POZMANTIER, 11815 LONGLE HOUSTON, TX	AF		Title: Name: Address: City-St-Zip:	P KENNY, KEV 7 GIRALDA F MADISON, N	FARMS, 2ND		
Title: Name: Address: City-St-Zip:	OSTERMEIER,	N AVE STE 4100		Title: Name: Address: City-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	CUTHBERT, RC	N AVE STE 4100		Title: Name: Address: City-St-Zip:	VP DONNELLY, 24 GREENW HOUSTON, T	'AY PLAZA, S	. ,	
Title: Name: Address: City-St-Zip:	GRECO, ROBE	N AVE STE 4100		Title: Name: Address: City-St-Zip:		() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES R DONNELLY, JR. VP 01/16/2008