

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003741

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** WELLS FARGO SERVICING SOLUTIONS, LLC

**Current Principal Place of Business:**

800 WALNUT STREET  
DES MOINES, IA 503093605 US

**New Principal Place of Business:**

800 WALNUT STREET  
DES MOINES, IA 50309 US

**Current Mailing Address:**

800 WALNUT STREET, F4030-092  
ATTN: ELD  
DES MOINES, IA 503093605 US

**New Mailing Address:**

800 WALNUT STREET  
DES MOINES, IA 50309 US

**FEI Number:** 42-1557668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ANDERSON, DEAN R  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309 US

Title: MGR  
Name: CLUTE, DANIEL D  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309 US

Title: MGR  
Name: MILLER, BRUCE A  
Address: 800 WALNUT STREET  
City-St-Zip: DES MOINES, IA 50309 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** GARY M. POETTING

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04/08/2010

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date