2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

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Entity Name: WELLS FARGO SECURITIES, LLC

Current Principal Place of Business:

301 S. COLLEGE STREET
CHARLOTTE, NC 28288

New Principal Place of Business:

WELLS FARGO CENTER
301 S. COLLEGE STREET
CHARLOTTE, NC 28288

Current Mailing Address:

301 S. COLLEGE STREET
CHARLOTTE, NC 28288

New Mailing Address:

WELLS FARGO CENTER
301 S. COLLEGE STREET
CHARLOTTE, NC 28288

FEI Number: 56-2326000 **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: SHREWSBERRY, JOHN R
Address: 301 S. COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: MGR
Name: ENGEL, ROBERT
Address: 301 S. COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: MGR
Name: SLOAN, TIMOTHY J
Address: 301 S. COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: MGRM
Name: EVEREN CAPITAL CORPORATION
Address: 301 S. COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: MGR
Name: WEISS, JONATHAN
Address: 301 S. COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

Title: MGR
Name: ZANIN, RYAN
Address: 301 S. COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 28288

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 Statues.

SIGNATURE: JOHN SHREWSBERRY MGR 04/25/2012

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