

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003472

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: WELLS FARGO TRADE CAPITAL, LLC

## Current Principal Place of Business:

119 WEST 40TH STREET, 10TH FLOOR  
NEW YORK, NY 100182500

## New Principal Place of Business:

119 WEST 40TH STREET, 10TH FLOOR  
ATTN: VALERIE SPENCER  
NEW YORK, NY 100182500

## Current Mailing Address:

119 WEST 40TH STREET, 10TH FLOOR  
NEW YORK, NY 100182500

## New Mailing Address:

119 WEST 40TH STREET, 10TH FLOOR  
ATTN: VALERIE SPENCER  
NEW YORK, NY 100182500

FEI Number: 26-3233343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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 ( ) Delete  
Name: HOYT, DAVID A  
Address: 420 MONTGOMERY STREET  
City-St-Zip: SAN FRANCISCO, CA 941041207

Title: MGR ( ) Delete  
Name: JORDAN, HENRY K  
Address: 2450 COLORADO AVE.  
City-St-Zip: SANTA MONICA, CA 904043575

Title: MGR ( ) Delete  
Name: MAYER, WILLIAM J  
Address: 1 BOSTON PLACE  
City-St-Zip: BOSTON, MA 021084407

Title: MGR ( ) Delete  
Name: SCHWAB, PETER E  
Address: 2450 COLORADO AVE.  
City-St-Zip: SANTA MONICA, CA 90404

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: VALERIE SPENCER

SVP

02/23/2009

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