

# 2001 UNIFORM BUSINESS REPORT (UBR)

0029497 AF

DOCUMENT # M98000000450

1. Entity Name

EDWARD JONES MORTGAGE, LLC

FILED

01 APR 30 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

100 SOUTH 5TH STREET  
MINNEAPOLIS MN 55402-1202

Mailing Address

1 HOME CAMPUS  
MAC X2404-035  
DES MOINES IA 50328-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MAC X2401-049

City & State

City & State

4. FEI Number

42-1472314

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 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 32301-2525

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.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM NORWEST VENTURES, LLC ☐ Delete  
STREET ADDRESS 1 HOME CAMPUS MS 122481  
CITY-ST-ZIP DES MOINES IA 50328-0001

TITLE NAME Wells Fargo Home Mortgage dba Wells Fargo Ventures, LLC ☒ Change ☐ Addition  
STREET ADDRESS 1 Home Campus, MAC X2401-049  
CITY-ST-ZIP

TITLE NAME MGRM NORWEST MORTGAGE INC/DBA NORWEST VENTURES ☐ Delete  
STREET ADDRESS 1 HOME CAMPUS MS 122481  
CITY-ST-ZIP DES MOINES IA 50328-0001

TITLE NAME Wells Fargo Home Mortgage dba Wells Fargo Ventures, LLC ☒ Change ☐ Addition  
STREET ADDRESS 1 Home Campus, MAC X2401-049  
CITY-ST-ZIP

TITLE NAME MGRM EDWARD D. JONES & CO., LP ☐ Delete  
STREET ADDRESS 12555 MANCHESTER ROAD  
CITY-ST-ZIP ST. LOUIS MO 63131

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500004219995-5  
CITY-ST-ZIP -05/16/01--01071--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

VP-TAX 4/24/01 515-213-7518

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