

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91434 045 \*\*\*\*\*50.00

<b>DOCUMENT #</b> M98000000450 <b>1. Entity Name</b> EDWARD JONES MORTGAGE, LLC																																															
<b>DO NOT WRITE IN THIS SPACE</b>																																															
<b>2. Principal Place of Business</b> 100 SOUTH 5TH STREET <small>Suite, Apt. #, etc.</small>			<b>3. Mailing Address</b> 1 HOME CAMPUS <small>Suite, Apt. #, etc.</small> MAC X2401-049																																												
<b>City &amp; State</b> MINNEAPOLIS, MN <small>Zip Country</small> 55402-1202 USA			<b>City &amp; State</b> DES MOINES, IA <small>Zip Country</small> 50328 USA																																												
<b>4. FEI Number</b> 42-1472314			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Applied For</b></td> <td style="width: 50%;"><b>Not Applicable</b></td> </tr> </table>			<b>Applied For</b>	<b>Not Applicable</b>																																								
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			<b>DO NOT WRITE IN THIS SPACE</b>																																												
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<b>7. Name and Address of Current Registered Agent</b>																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6"><b>Name</b></td> </tr> <tr> <td colspan="6">CORPORATION SERVICE COMPANY</td> </tr> <tr> <td colspan="6"><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> </tr> <tr> <td colspan="6">1201 HAYS STREET</td> </tr> <tr> <td colspan="6"><b>City</b></td> </tr> <tr> <td colspan="4">TALLAHASSEE</td> <td colspan="2"><b>FL</b></td> </tr> <tr> <td colspan="4"><b>Zip Code</b></td> <td colspan="2">32301</td> </tr> </table>						<b>Name</b>						CORPORATION SERVICE COMPANY						<b>Street Address (P.O. Box Number is Not Acceptable)</b>						1201 HAYS STREET						<b>City</b>						TALLAHASSEE				<b>FL</b>		<b>Zip Code</b>				32301	
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<b>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. I am familiar with, and accept the obligations of registered agent.</b>																																															
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<b>9. MANAGING MEMBERS/MANAGERS</b>																																															
TITLE	MGRM	TITLE																																													
NAME	WELLS FARGO VENTURES, LLC	NAME																																													
STREET ADDRESS	1 HOME CAMPUS, MAC X2401-049	STREET ADDRESS																																													
CITY - ST - ZIP	DES MOINES, IA 50328	CITY - ST - ZIP																																													
TITLE	MGRM	TITLE																																													
NAME	Edward D. Jones & Co., LP dba EJ Mortgage, LLC	NAME																																													
STREET ADDRESS	12555 MANCHESTER RD	STREET ADDRESS																																													
CITY - ST - ZIP	ST LOUIS, MO 63131	CITY - ST - ZIP																																													
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<b>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.</b>																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>SIGNATURE:</b></td> <td style="width: 40%; text-align: center;">           ROBERT SCALLON-AVP       </td> <td style="width: 15%; text-align: center;">         4/25/02  <small>Date</small> </td> <td style="width: 30%; text-align: center;">         515-213-7559  <small>Daytime Phone #</small> </td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: small;">         SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE       </td> </tr> </table>						<b>SIGNATURE:</b>	 ROBERT SCALLON-AVP	4/25/02 <small>Date</small>	515-213-7559 <small>Daytime Phone #</small>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																					
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CR2E083B (12/02)