FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02118 (8)

1. Corporation Name

WELLS FARGO CREDIT CORPORATION

Principal Place of Business	Mailing Address
420 MONTGOMERY STREET SAN FRANCISCO CA 94163 US	401 W. 24TH STREET NATIONAL CITY CA 91950 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/21/1984

3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 95-3233208 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)

City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)

Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ADLINGER, WILLIAM F.	1.2 NAME	Ketcham, James	
STREET ADDRESS	336 POETT RD	1.3 STREET ADDRESS	420 Montgomery Street	
CITY-ST-ZIP	HILLSBOROUGH CA	1.4 CITY-ST-ZIP	San Francisco, CA 94163	
TITLE	V	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	MENEZES, WALTER	2.2 NAME	Murphy, Thomas J.	
STREET ADDRESS	401 W. 24TH STREET	2.3 STREET ADDRESS	404 Camino Del Rio South	
CITY-ST-ZIP	NATIONAL CITY CA	2.4 CITY-ST-ZIP	San Diego, CA 92108	
TITLE	D	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	JACOBS, RODNEY L.	3.2 NAME	Jacobs, Rodney L.	
STREET ADDRESS	36 BONITA	3.3 STREET ADDRESS	420 Montgomery Street	
CITY-ST-ZIP	PIEDMONT CA	3.4 CITY-ST-ZIP	San Francisco, CA 94163	
TITLE	CD	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	ZUENDT, WILLIAM F.	4.2 NAME	Zuendt, William F.	
STREET ADDRESS	170 PACIFIC AVE	4.3 STREET ADDRESS	420 Montgomery Street	
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	San Francisco, CA 94163	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	COPPENRATH, JOAN M.	5.2 NAME		
STREET ADDRESS	401 W. 24TH ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NATIONAL CITY CA	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	S	☒ Change ☐ Addition
NAME	ROUNSAVILLE, GUY	6.2 NAME	Rounsaville, Guy	
STREET ADDRESS	048 TOURNAMENT DR.	6.3 STREET ADDRESS	420 Montgomery Street	
CITY-ST-ZIP	HILLSBOROUGH CA	6.4 CITY-ST-ZIP	San Francisco, CA 94163	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan M. Coppenrath (619) 470-5115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401663 FN