

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 19 1996 8:00 am
Secretary of State

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**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/21/1984

3a. Date of Last Report

03/03/1995

4. FEI Number

95-3233208

Applied For
Not Applicable

5. Contribution of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of person submitting this report for filing

Signature of Agent for the corporation

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	KETCHEM, JAMES	
STREET ADDRESS	420 MONTGOMERY STREET	
CITY, STATE, ZIP	SAN FRANCISCO CA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, THOMAS J	
STREET ADDRESS	404 CAMINO DEL RIO SOUTH	
CITY, STATE, ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, RODNEY L	
STREET ADDRESS	420 MONTGOMERY STREET	
CITY, STATE, ZIP	SAN FRANCISCO CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ZUENDT, WILLIAM F.	
STREET ADDRESS	420 MONTGOMERY STREET	
CITY, STATE, ZIP	SAN FRANCISCO CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COPPENRATH, JOAN M.	
STREET ADDRESS	401 W. 24TH ST.	
CITY, STATE, ZIP	NATIONAL CITY CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROUNSAVILLE, GUY	
STREET ADDRESS	420 MONTGOMERY STREET	
CITY, STATE, ZIP	SAN FRANCISCO CA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard T. Schliesmann	
STREET ADDRESS	1350 Montago	
CITY, STATE, ZIP	Walnut Creek, CA 94598	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

00000175015910
03/20/96-01021-003
***200.00

14. I do hereby certify that the information supplied was filed voluntarily, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, change or original agent with an address.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

(619)470-5115

CR2E034 (12/95)

[Handwritten initials]