

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jun 03 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P02118 (8)**  
 1. Corporation Name  
**WELLS FARGO CREDIT CORPORATION**



Principal Place of Business <b>420 MONTGOMERY STREET SAN FRANCISCO CA 94163 US</b>	Mailing Address <b>401 W. 24TH STREET NATIONAL CITY CA 91850-6608 US</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>25</b> Zip
<b>29</b> Zip	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>05/21/1984</b>	<b>3a.</b> Date of Last Report <b>03/19/1996</b>
<b>4.</b> FET Number <b>95-3233208</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KETHEM, JAMES</b>	12 NAME	
STREET ADDRESS	<b>420 MONTGOMERY STREET</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	14 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHLIESMANN, RICHARD T</b>	22 NAME	
STREET ADDRESS	<b>1950 MONTEGO</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>WALNUT CREEK CA 94598</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, RODNEY L</b>	32 NAME	
STREET ADDRESS	<b>420 MONTGOMERY STREET</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	34 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUENDT, WILLIAM F.</b>	42 NAME	
STREET ADDRESS	<b>420 MONTGOMERY STREET</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	44 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPPENRATH, JOAN M.</b>	52 NAME	
STREET ADDRESS	<b>401 W. 24TH ST.</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>NATIONAL CITY CA</b>	54 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROUNSAVILLE, GUY</b>	62 NAME	
STREET ADDRESS	<b>420 MONTGOMERY STREET</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	64 CITY-ST-ZIP	

**14.** I do 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 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, changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ (619) 470-5115

CR2E034 (9/96)