

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14871

FILED
Jan 05, 2009
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES OF WEST VIRGINIA, INC.

Current Principal Place of Business:

1 HILLCREST DR E
CHARLESTON, WV 25311 US

New Principal Place of Business:

Current Mailing Address:

C/O KAREN JOHNSON
PO BOX 1551
CHARLESTON, WV 25326 US

New Mailing Address:

FEI Number: 55-0329835 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PATERNO, ANDREW
Address: ONE HILLCREST DRIVE EAST
City-St-Zip: CHARLESTON, WV 25311

Title: DSEC () Delete
Name: GRECO, ROBERT
Address: 150 N. MICHIGAN
City-St-Zip: CHICAGO, IL 60601

Title: TREA () Delete
Name: OSTERMEIER, CHRISTINE
Address: 150 N. MICHIGAN
City-St-Zip: CHICAGO, IL 60601

Title: DIR () Delete
Name: GRECO, ROBERT
Address: 150 N. MICHIGAN
City-St-Zip: CHICAGO, IL 60601

Title: DVP () Delete
Name: DEBORAH, BRODERICK
Address: 150 N. MICHIGAN
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN JOHNSON

ASST

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date