FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P17635** **(4)**

1. Corporation Name

WELLS FARGO REALTY ADVISORS FUNDING, INCORPORATED

Principal Place of Business	Mailing Address
REGENCY PLAZA #1 4643 S ULSTER ST.. STE. 1400 DENVER CO 80237 US	111 SUTTER STREET MAC #0188-165 SAN FRANCISCO CA 94163 US

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address 22	Street Address 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **01/13/1988**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **75-1612615** ☐ Applied For ☐ Not Applicable

5. Certificate 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
8751 W BROWARD BLVD
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 Section 607.0505 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 this 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

(Typed or Printed Name of Person Signing) (Title of Person Signing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUIR, JAMES H		1.2 NAME		
STREET ADDRESS	REGENCY PLAZA #1, 4643 S. ULTER ST., #1400		1.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIBONA, CLARA		2.2 NAME		
STREET ADDRESS	420 MONTGOMERY STR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROUSSARD, KENNETH W.		3.2 NAME		
STREET ADDRESS	1225 EYE STREET, NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		3.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELLIS, STEPHEN		4.2 NAME		
STREET ADDRESS	420 MONTGOMERY STR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	CARDONA, SUSAN J		5.2 NAME	Patricia A. Mancill	
STREET ADDRESS	4643 S. ULSTER STREET		5.3 STREET ADDRESS	111 Sutter Street	
CITY-ST-ZIP	DENVER CO		5.4 CITY-ST-ZIP	San Francisco, CA 94163	
TITLE	AC	☒ DELETE	6.1 TITLE	Assistant Controller	☒ Change ☐ Addition
NAME	GIANNI, STEPHEN		6.2 NAME	Evelyn Lee	
STREET ADDRESS	420 MONTGOMERY STR		6.3 STREET ADDRESS	420 Montgomery St	
CITY-ST-ZIP	SAN FRANCISCO CA		6.4 CITY-ST-ZIP	San Francisco, CA	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption specified 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: Patricia A. Mancill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96
Date

(415) 396-4514
Daytime Phone #