

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212510809

1.) CORPORATION NAME:

Wells Fargo Financial Leasing, Inc.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0362469**

RICHMOND, VA 23219

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: MAC F4030-092
800 WALNUT ST

CITY/ST/ZIP: DES MOINES, IA 50309-3605

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| NAME: | TIMOTHY J REESE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 800 WALNUT ST | | |
| CITY/ST/ZIP/CO: | DES MOINES, IA 50309 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | DEAN R ANDERSON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 800 WALNUT ST | | |
| CITY/ST/ZIP/CO: | DES MOINES, IA 50309 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | BRUCE A MILLER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 800 WALNUT STREET | | |
| CITY/ST/ZIP/CO: | DES MOINES, IA 50309 | | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| NAME: | DEIDRE A MESSENGER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 800 WALNUT STREET | | |
| CITY/ST/ZIP/CO: | DES MOINES, IA 50309 | | |

| | | | |
|-----------------|-----------------------------|----------------------------------|--|
| NAME: | GARY NEIMANIS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 800 WALNUT STREET | | |
| CITY/ST/ZIP/CO: | DES MOINES, IA 50309, US,US | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|---|------------------|
| <u>/s/ DEIDRE A MESSENGER</u> | <u>DEIDRE A MESSENGER,</u> | <u>3/27/2012</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.