RI SOS Filing Number: 200702732960 Date: 10/17/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

***A. Ralph Mollis**, Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No. 136087	*2. Exact name of the limited liability company* Wells Fargo Financial CAR LLC
3. State of Formation DELAWARE	*4. Brief description of the character of the business which is actually conducted in Rhode Island* COMMERCIAL FINANCE INACTIVE

5. Principal office address	*City*	*State*	*Zip*
800 Walnut Street, F4030-092	Des Moines	IA	50309-3636

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*		
Keryl Grasty	Compliance Specialist		
Street Address	*City*	*State*	*Zip*
800 Walnut Street, F4030-092	Des Moines	IA	50309-3636

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			*Manager Name*		
Reed W. Ramsay			Dean R. Anderson		
Street Address			*Street Address*		
800 Walnut Street			800 Walnut Street		
City	*State*	*Zip*	*City*	*State*	*Zip*
Des Moines	IA	50309-3636	Des Moines	IA	50309-3636
Manager Name			*Manager Name*		
Gary M. Poetting					
Street Address			*Street Address*		
800 Walnut Street					
City	*State*	*Zip*	*City*	*State*	*Zip*
Des Moines	IA	50309-3636			

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	
CORPORATION SERVICE COMPANY		
Address	*City*	*Zip*
222 JEFFERSON BOULEVARD, SUITE 200	WARWICK	02888-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED
File Date OCT 17 2007
Check No. By 2012-57527
By:
15913-20-196039
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

[signature] OCT 15, 2007
Signature of Authorized Person *Date*

Keryl Grasty, Compliance Specialist
Print or Type Name of Authorized Person