

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED OR PRINT	ED IN BLACK)					
1. Corporate ID No	2. Name of Corporation					
96715	Wells Fargo Home Mortgage, Inc.					
3 Sirvet Address Principal Business Of			City	State	7ip	
1 Home Campus, N	MAC X2401-04	9	Des Moines	IA	50328-0001	
4 Business Phone No.		5. State of Incorporation			6. SIC Code	
515-213 - 7559		CALIFORNIA			6148	
7. Brief Description of the Character of MORTGAGE LENDING A						
8. NAMES AND ADDRESSES (OF THE OFFICERS:	("X" BOX FOR ATTAC	HMENT) [] FILL IN SPAC	ES BEFORE USING AT	TACHMENTS	
Peter J. Wissing	70 *		Robert Scallon			
Street Address	<u> </u>		Street Address			
1 Home Campus			1 Home Campus			
Gity	Siate	Zip	City	State	Zip	
Des Moines	IA	50328	Des Moines	. IA:	50328	
Secretary Name		: Trousurer Name				
David Moskowitz		Michael J. Heid				
Street Address		-	Street Address			
1 Home Campus			1 Home Campus			
City:	State	Zip	City	State	Zip	
Des Moines	IA	50328	Des Moines	IA	50328	
9. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) FILL IN SPA	ACES BEFORE USING	NTACHMENTS	
Director Name			Director Name	•		
Mark C. Oman			David Moskowitz			
Street Address			Street Address	<u>. </u>		
1 Home Campus		•	1 Home Campus			
City	State	Zφ	City	State	Zip	
Des Moines	TA	50328	Des Moines	IA	50328	
Director Name			Director Name			
Peter J. Wissin	ger		James M. Stroth	er.		
Street Address	-		Street Address			
1 Home Campus			633 Folsom Stre	et		
City	Siate	Zip .	City	State	Zip	
Des Moines	IA	50328	San Francisco	CA	94107	
10. SHARES AUTHORIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	v <i>T</i>) 📋	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100

	96715	
File Date	FILED	
Check No	MAR 0 3 2005 - 230	3936
FOI	R SECRETARY OF STATE USE UNLY	

100 COMM NO PAR VALUE

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.

Common

Alt S

2/24/05

No Par

Signature of Officer

Robert Scallon
Print or Type Name of Officer

Assistant Vice President Corporate Ta:



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR.	2004
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Filing Period: January 1 - March	•	Filing Fee: \$50.00			
(FORM MUST BE TYPED OR PRINTED IN	BLACK))			
···-					

1. Corporate ID No.	2. Name of Corporation			 -			
96715	Wells Fargo Home	Mortgage, Inc		<u> </u>			
3. Street Address Principal Business Of	Tice	· · · · · · · · · · · · · · · · · · ·	City	State	Zlp		
1 Home Campus, N	1AC X2 <u>401-04</u>	9	Des Moines	IA	50328		
4. Business Phone No.		5. State of Incorporation			6. SIC Code		
515-213-7559		CALIFORNIA	<u>,</u>		6148		
7. Brief Description of the Character of MORTGAGE LENDING A	Business Conducted in Rh	ode Island IES.	·	-			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	HMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS		
President Name			Vice President Name				
Peter J. Wissing	ger		Robert Scallon				
Sirce Address 1 Home Campus			Street Address 1 Home Campus				
City	State	Zip	City	State	Zip		
Des Moines	IA	50328	Des Moines	IA	50328		
Secretary Name Treasurer Name							
David Moskowitz			Michael J. Heid				
Street Address	•		Street Address				
1 Home Campus			1 Home Campus				
City	State	Zip	City	State	Zip		
Des Moines	ΙA	50328	Des Moines	IA	50328		
9. NAMES AND ADDRESSES	OF THE DIRECTORS	("X" BOX FOR ATT	ACHMENT) FILL IN SPA	ACES BEFORE USING	TTACHMENTS		
Director Name			Director Name				
Mark C. Oman			David L. Moskowitz				
Street Address			Street Address		<u> </u>		
1 Home Campus			1 Home Campus				
C(h)·	State	Zip	City	State	Zip		
Des Moines	IA	50328	Des Moines	IA	50328		
Director Name	·····	J	Director Name	*	•••••		
Peter J. Wissing	ger		James M. Strothe	er			
Street Address	<u> </u>		Street Address	 -			
1 Home Campus			633 Folsom Stree	et			
City	State	Zip	City	State	Zip		
Des Moines 10. SHARES AUTHORIZED (I A "x" box for atta	50328 CHMENT) [San Francisco 11. SHARES ISSUED ("X"	CA BOX FOR ATTACHME	 94107 		
AUTHORIZED SHARES		, _	ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value		
100 COMM NO PAR VALUE			100	Common	No Par		
This report must be s	igned in Ink by cithe	r the President, Vice Pr	resident, Secretary, Assistant Se	ecretary, Treasurer, Rec	eiver or Trustee		

	+ 9 6 7 1 5 +
File Date	3.804
Check No	20118069
Ву:	10
FO	R SECRETARY OF STATE USE ONLY

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

Kbet Salla 2/23/04
Signature of Officer Date

Robert Scallon

Print or Type Name of Officer

Assistant Vice President Corp Tax

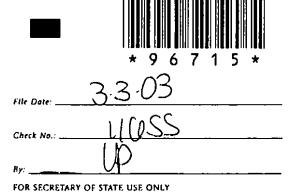
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>

filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTE					
1. Corporate ID No.	2. Name of Corporat				
96715		Home Mortgage, Inc.	4374		
3. Street Address Principal Business of 1 Home Campus, 4. Business Phone No.		-049 5. State of Incorporation	Des Moines	State I A	50328-0001 6. SIC Coile
515-213-7559 7. Bilef Description of the Character	of Business Conducted in	CALIFORNIA Rhode Island			6148
Mortgage Banki 8. NAMES AND ADDRESS President Name	•	CERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES BEI Vice President Name	FORE USING ATTACHN	IENTS
Peter J. Wissi Street Address	nger		Robert Scallon Street Address		
1 Home Campus	State	Zip	1 Home Campus	State	Zíp
Des Moines Secretary Name	IA	50328	Des Moines Treasurer Name	IA	50328
David L. Mosko	witz		Michael J. Hei	d	
1 Home Campus	State	Zip	1 Home Campus	State	Zip
Des Moines 9. NAMES AND ADDRESS Director Name	IA SES OF THE DIRE	50328 CTORS (*X* BOX FOR ATTA	Des Moines CHMENT) FILL IN SPACES B Director Name	I A BEFORE USING ATTAC	50328 HMENTS
Mark C. Oman			David L. Mosko	witz	
1 Home Campus	State	Zip	1 Home Campus	State	Zip
Des Moines Director Name	IA	50328	Des Moines Director Name	IA	50328
Peter J. Wissi	nger		Stanley S. Str	oup	
1 Home Campus	State	Zip	633 Folsom Str	eet Siate	Zip
Des Moines 10. Shares authorizei authorizeis shares	TA) (*x* box for atta	50328 CHMENT)	San Francisco 11. SHARES ISSUED (*x*)	CA BOX FOR ATTACHMENT)	94107
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE	E		100	Common	Ņo Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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 of Officer

Robert Scallon Print or Type Name of Officer

Assistant Vice President Corp Tax Title of Officer

Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

96715

Wells Fargo Home Mortgage, Inc.

3. Street Address Principal Business Office

1 Home Campus, MAC X2401-049

State

S. State of Incorporation

IA 50328-0001 6. SIC Code

515-213-7559

CALIFORNIA

6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Banking

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Peter J. Wissinger

Street Address

1 Home Campus

Zip

Street Address 1 Home Campus

City

Des Moines

Des Moines

Vice President Name

Des Moines

ĮΑ

50328

Secretary Name

David L. Moskowitz

Street Address

1 Home Campus

IΑ

50328

: Michael J. Heid - Street Address

City

Treasurer Name

1 Home Campus

David L. Moskowitz

1 Home Campus

Steven D. McClelland

Des Moines

State IA

50328

Des Moines 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

Director Name

Mark C. Oman

Street Address

Street Address

City

1 Home Campus

1 Home Campus

Des Moines

Director Name

Des Moines

AUTHORIZED SHARES

Number of Shares

IΑ

State

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

IΑ

Class/Series

50328

50328

Des Moines Director Name

Street Address

50328

Stanley S. Stroup

Street Address

633 Folsom Street

San Francisco

CA

ΙA

94107

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

NO PAR

100 COMM NO PAR VALUE

Peter J. Wissinger

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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 of Officer

<u>Steve</u>n D. McClelland Print or Type Name of Officer

Vice President Corporate Tax

Title of Officer 5

Form 630 12/01 ()

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLA	CKI				
1. Corporate ID No.	2. Name of Corporati	on	•		
96715	Wells Fa	rgo Home Mor	tgage, Inc.		
3. Street Address Principal Business	Office		City	State	Zip
1 Home Campus,	MAC X2401-	-049 5. State of Incorporation	Des Moines	IA	50328 6. SIC Code
515 - 213-7518		Californi	a		6148
7. Brief Description of the Character	r of Business Conducted in	Rhode Island		•	
Mortgage Banki	ng				
8. NAMES AND ADDRES President Name	SES OF THE OFFIC	CERS ("X" BOX FOR ATTA	CHMENT) Vice President Name	•	·
Peter J. Wissi Street Address	nger		Steven D. McCl	elland	
1 Home Campus			1 Home Campus		
City	State	Zip	City	State	Zip
Des Moines Secretary Name	IA	50328	Des Moines	IA	50328
James M. Strot	her		Geoffrey H. Dr	eyer	
1 Home Campus	State	Zip	1 Home Campus	State	Zip
Des Moines	IA	50328	Des Moines	IA	50328
9. NAMES AND ADDRES					70320
Peter J. Wissi	nger		Mark C. Oman		
1 Home Campus			1 Home Campus		
City	State	Zip	City	State	Zip
Des Moines Director Name	Į A	50328	Des Moines Director Name	IA	50328
Stanley S. Str	oup		James M. Strot	her	
633 Folsom Str	eet		1 Home Campus		
City	State	Zip	City	State	Zip
San Francisco	CA	94107	Des Moines	IA	50328
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT)	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	NO Par	100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	3/5	
File Date:		
Check No.:	20116966	
Bv:	Zi	
•	TARV 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.

Stor S. Mellelled

2/3/2/Df-

Steven D. McClelland

Print or Type Name of Officer

Vice President Corporate Tax

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST.	BE	TYPED	IN	BLACK)
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1. Corporate ID No.

1. Corporate 15 140.	at the many of conference.		
96715	Norwest	Mortgage,	Inc.
7 Street Address Principal Rusiness	Office		

2. Name of Corneration

MAC X2404-035 1 Home Campus 4. Business Phone No.

7. Brief Description of the Character of Business Conducted in Rhode Island

5. State of Incorporation 515-221-7518

California

Des Moines

IA

State

50328 6. SIC Code

7.ip

6148

Mortgage Banking

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name Mark C. Oman Street Address

Vice President Name Steven D. McClelland

City

Street Address

1 Home Campus

State

1 Home Campus

Zio State

Des Moines

City

50328 ΙΑ

Des Moines

50328

Treasurer Name

Robert K. Chapman

Street Address

1 Home Campus

James M. Strother

State Zip 1 Home Campus

State

ZIp

Des Moines

ΙA 50328 Des Moines

ΙA

50328

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Secretary Name

Street Address

Director Name

Mark C. Oman Street Address

Peter J. Wissinger Street Address

Zip

1 Home Campus City

State IA 50328

Des Moines

State IΑ

50328

Des Moines Director Name

Director Name James M. Strother

1 Home Campus

Stanley S. Stroup Street Address

Street Address

ZIp

633 Flosom Street City

Zip

1 Home Campus City

State ΙA

50328

San Francisco 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

CA 94107

Des Moines 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

100

Common

State

No Par

100

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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 of Officer

Steven D. McClelland Print or Type Name of Officer

Vice President Corporate Tax



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BL	ACK)				
1 Corporate ID No.	2. Name of Corporatio	, -	• • • • • • • • • • • • • • • • • • • •	_ =	
96715	Norwest Mort	gage, Inc.			_
3. Street Address Principal Busines.	s Office		City	State	Zip
1 Home Camp	us MS 122481	S. State of incorporation	Des Moines	IA	50328-0001 6. SIC Code
515-221-751 7. Brief Description of the Characte		CALIFORNIA thode Island			6148
	nking sses of the offic	ERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BE	EFORE USING ATTAC	HMENTS
President Name Mark C. Oma Street Address	n		Steven D. McC.	lelland	
	us, MS 12248	2	1 Home Campus	, MS 122481	. 2/-
Des Moines		·	: Des Moines	IA	50328-0001
Secretary Name James M. St Street Address	rother		Robert K. Chap	pman	 -
1 Home Camp	us, MS 12245	7	1 Home Campus	, MS_122473	
Des Moines	State IA		Des Moines		50328-0001
9. NAMES AND ADDRES	SSES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
Mark C. Oma	n		. Peter J. Wiss	inger	
1 Home Camp	ous, MS 12248	32 Zip	1 Home Campus	, MS 122473	(Zip
Des Moines		50328-0001	Des Moines	IA	50328-0001
Stanley S. Street Address	Stroup		: James M. Stro	ther	-
633 Flosom	St. MS 0149:) Zip	1 Home Campus	, MS 122457	Zip
San Francis		94107	Des Moines	IA	50328-0001
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*x* box for attac	HMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	"
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR	VALUE		¦ 100	Common	no par_
· · · · · · · · · · · · · · · · · · ·	· ·		·		
This report must be sign	n ed in ink by eithe	r the President, Vice P	resident, Secretary, Assist	ant Secretary, Treasi	irer, Receiver or Trustee

	* 9 6 7 1 5 *
File Date:	Mar 22,99 325343
Check No.:	328343
Ву:	30
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.

Store O M. Yellend 2

Signature of Officer

Steven D. McClelland
Print or Type Name of Officer

Vice President Corporate Tax



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corpora	tion			•
96715 3. Street Address Principal Bu		irtgage, Inc.	City	State	Zip
1500 Pontiac Ave. 4. Business Phone No.		5. State of Incorporation	Cranston	RI	02920 6. SIC Code
(515)221-7518 7. Brief Description of the Chi	oracter of Business Conducted (CA n Rhode Island			6148
	PRESSES OF THE OFF	CERS ("X" BOX FOR ATT)	_		
President Name Menck C. Cmen Street Address	•	•	Vice President Name Steven D. McClelland Street Address	•	•
One Home Campus,	MS 122482 State	Zip	One Home Campus, MS	122481 State	ZIp
Des Moines	IA	50328-0001	Des Moines,		50328-0001
James M. Strother		•	Robert K. Chapman Street Address		
One Home Campus,	MS 122457 State	Zip	One Home Campus, MS	122473 State	Zip
Des Moines	IA	50328-0001	Des Moines	IA	50328-0001
	PRESSES OF THE DIR	ECTORS ("X" BOX FOR A			
Director Name			Director Name		
Marck C. Oran Street Address			James M. Stother Street Address		
One Home Campus,	MS 122482 State	Zip	One Home Campus, MS	122457 State	Zip
Des Moines Director Name	IA	50328-0001	Des Moines Director Name		50328-0001
Stanley S. Stroop			Peter J. Wissinger		
One Home Campus,	MS 122481		One Home Campus, MS	122472	
City	State	Zip	City	State	Zip
Des Moines,	IA	50328-0001	Des Moines	IA	50328-0001
10. SHARES AUTHOI AUTHORIZED SHARES	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X ISSUED SHARES	* BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Саппал А	No Par	100	Carmon A	No Par
		,			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	
SEP 2 1 1998	- 60 July 12 12 12 12 12 12 12 12 12 12 12 12 12
Check No.: By 2555	
Ву:	
FOR SECRETARY OF STATE USE ONLY	

Inder penalty of perjury, I declare and	affirm that I have examined
his report, including any accompanying	ng schedules and statements, and
hat all statements contained herein ar	e true and correct.
to an elle	/ //
There I Millalle	

Steven D. McClelland
Print or Type Name of Officer

Vice President, Corporate lax

Enr. 71 12/96