

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 845522 (2)

1. Corporation Name
NORWEST FINANCIAL LEASING, INC.

Principal Place of Business Mailing Address
**206 8TH STREET 206 8TH STREET
DES MOINES IA 50309 DES MOINES IA 50309**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/20/1980		05/01/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		42-1074725		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input type="checkbox"/> No	
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
27		32		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DRUMHELLER, J.F. 250 INTERNATIONAL PARKWAY SUITE 146 HEATHROW FL 32746				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

11. Pursuant to the provisions of Sections 607.0502 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 the 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 _____ (NOT Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANASKO, GREG M.	1.2 NAME	
STREET ADDRESS	206 8TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORKELSON, ERIC	2.2 NAME	
STREET ADDRESS	206 8TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELEY, K. DOUGLAS	3.2 NAME	
STREET ADDRESS	206 8TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, LINDA J. (ASST)	4.2 NAME	
STREET ADDRESS	206 8TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZ, FAYE L.	5.2 NAME	
STREET ADDRESS	206 8TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, STEVE R	6.2 NAME	
STREET ADDRESS	206 8TH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Z. Hill Vice President 4/25/95 (515)243-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #