

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 845522 (2)**

1. Corporation Name  
**NORWEST FINANCIAL LEASING, INC.**



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/20/1980</b>	3a. Date of Last Report <b>05/01/1995</b>
21		26		4. FEI Number <b>42-1074725</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>DRUMHELLER, J.F.</b> <b>250 INTERNATIONAL PARKWAY</b> <b>SUITE 146</b> <b>HEATHROW FL 32746</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 \_\_\_\_\_ Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent's signature is required when registering) (143)

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

SIGNATURE: E. Z. [Signature] Vice President 2/26/96

CR2E034 (12/95)