

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 845522 (2)**

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



Principal Place of Business <b>206 8TH STREET                  DES MOINES IA 50309</b>	Mailing Address <b>206 8TH STREET                  DES MOINES IA 50309-3805</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>03/20/1980</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>42-1074725</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DRUMHELLER, J.F.  
 250 INTERNATIONAL PARKWAY  
 SUITE 146  
 HEATHROW FL 32746**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JANASKO, GREG M.	
STREET ADDRESS	206 8TH STREET	
CITY- ST- ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TORKELSON, ERIC	
STREET ADDRESS	206 8TH STREET	
CITY- ST- ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEELEY, K. DOUGLAS	
STREET ADDRESS	206 8TH STREET	
CITY- ST- ZIP	DES MOINES IA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WALTER, LINDA J. (ASST)	
STREET ADDRESS	206 8TH STREET	
CITY- ST- ZIP	DES MOINES IA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUNZ, FAYE L.	
STREET ADDRESS	206 8TH STREET	
CITY- ST- ZIP	DES MOINES IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAGNER, STEVE R	
STREET ADDRESS	206 8TH STREET	
CITY- ST- ZIP	DES MOINES IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Vice President 3/3 (515) 243-2131

CR2E034 (9/96)