

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1980	
21	22	26	27	4. FEI Number 42-1074725	
Suite, Apt. #, etc		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	24	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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 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 changed, or on my attachment with an address.

[Handwritten Signature] Vice President *[Handwritten Name]*

CR2E034 (10/97)