

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

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AND
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95 MAY -1 PM 3:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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1000.00 *200.00
DO NOT WRITE IN THIS SPACE**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morriam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855725 (8)
1. Corporation Name
NORWEST FINANCIAL AMERICA, INC.

Principal Place of Business 206 Eighth Street Des Moines, Iowa 50309	Mailing Address 206 Eighth Street Des Moines, Iowa 50309
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 25 Country 29
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3. Date Incorporated or Qualified 3/4/83	3a. Date of Last Report 04/28/1993
4. FEI Number 42-1185651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 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 _____ DATE _____
Signature typed or printed name of registered agent and the filer (application) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD Wagner, Steve R. 206 Eighth Street Des Moines, IA
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V Torkelson, Eric 206 Eighth Street Des Moines, IA
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V Poetting, Gary M. 206 Eighth Street Des Moines, IA
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V Wieland, Denise A. 206 Eighth Street Des Moines, IA
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD Kunz, Faye L. 206 Eighth Street Des Moines, IA
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T Holck, Denise J.A. 206 Eighth Street Des Moines, IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

REMITTED BY MAY 1

Handwritten: SLS, 6/15/95

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 changed, or on an attachment with an address.

SIGNATURE: *Denise A. Wieland* **Denise A. Wieland, Vice President 4/19/95 (515)237-7225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (Signature from 8)