

#2181

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

FILED
May 20 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 # **855725** (8)
1. Corporation Name
NORWEST FINANCIAL AMERICA, INC.



Principal Place of Business 206 EIGHT STREET DES MOINES IA 50309	Mailing Address 206 EIGHT STREET DES MOINES IA 50309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country 29 Zip 30 Country
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3. Date Incorporated or Qualified 03/04/1983	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 _____ (NAME) Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAGNER, STEVE R.	
STREET ADDRESS	206 EIGHT STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TORKELSON, ERIC	
STREET ADDRESS	206 EIGHT STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POETTING, GARY M	
STREET ADDRESS	206 EIGHT STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WIELAND DENISE A.	
STREET ADDRESS	206 EIGHT STREET	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KUNZ, FAYE L.	
STREET ADDRESS	206 EIGHT STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOLCK, DENISE J.A.	
STREET ADDRESS	206 EIGHT 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Treasurer
6.3 STREET ADDRESS	Matera, Michael J.
6.4 CITY-ST-ZIP	206 Eighth Street Des Moines, IA 50309

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.05(1), 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
Des Moines, IA 50309 (515) 557-2005

CR2E034 (10/97)