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

206 EIGHT STREET DES MOINES IA 50309

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business 206 EIGHT STREET

DES MOINES 1A 50309



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am — Secretary of State

05-06-1999 90285 006 *1,200.00

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NORWEST FINANCIAL AMERICA, INC.

#2181 Mailing Address

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

•	1				03/04/1983	_		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26		42-1185651	N	ot Applicable		
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees			
23	28		Trust Fund Contribution		TO FEE3			
Zip ¬		Country Zip Country		 This corporation owes the current year in Personal Property Tax. 	Yes	⊠ No		
24	25)	29 30			10. Name and Address of New Registered			
9. Name and Address of Current Registered Agent DRUMHELLER, J.F. 250 INTERNATIONAL PARKWAY			81	Name Street A	ddress (P.O. Box Number is Not Acceptable)			
	E 146		83				î	
HEAI	THROW FL 32746		84	City	FI	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		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE 1	,1 TITLE	$ \top$		Change	☐ Addition	
NAME	WAGNER, STEVE R.	1	.2 NAME					
STREET ADDRESS	206 EIGHT STREET	Ī.	.3 STREET	ADDRESS			ĺ	
CITY-ST-ZIP	DES MOINES IA		.4 CITY-ST	i				
TITLE	V		1 TITLE		Vice President	[X] Change	☐ Addition	
NAME	TORKELSON, ERIC	_	2.2 NAME		Vos, Ronald D.			
STREET ADDRESS	206 EIGHT STREET	1	2.3 STREET ADDRESS 206		206 Eighth Street		i	
1	DES MOINES IA				Des Moines, IA 50309			
CITY-ST-ZIP TITLE	V		ATTITLE		Vice President/Director	[X] Change	Addition	
NAME	POETTING GARY M		32 NAME		ATCA LIGITACHINATICCON	••		
	TOLITANO, CONT. III		3.3 STREET	ADORESS				
STREET ADDRESS	DEC MONITO M			ſ				
CITY-ST-ZIP TITLE	VP		3.4. CITY-ST-ZIP 4.1 TITLE			[] Change	Addition	
NAME I	WIELAND DENISE A.	_	4.2 NAME					
	206 EIGHT STREET	•	4.3 STREET ADDRESS					
STREET ADDRESS			4.4 CITY-ST-ZIP					
CITY-ST-ZIP	DES MOINES IA 50309		5.1 TITLE			[] Change	☐ Addition	
TITLE NAME	SD VINT EAVE I	_	5.2 NAME			•	=	
···-	KUNZ, FAYE L.	.	3.3 STREET	ADDRESS			ļ	
STREET ADDRESS	206 EIGHT STREET		5.4 CITY-ST	- 1			1	
CITY-ST-ZIP	DES MOINES IA		S.1 TITLE			[] Change	Addition	
TITLE	I '	_	3.2 NAME					
NAME	MATERA, MICHAEL J		3.3 STREET	ADDRESS				
STREET ADDRESS	206 EIGHT STREET			1				
CITY-ST-ZIP	DES MOINES IA 50309		5.4 CITY-ST		in Contine 110 07/3/6) Florida Statutos I further of	127 11 14 45 -		

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 an attachment with an address, with all other like empowered.

SIGNATURE: /

inise A. Willand

Denise A. Wieland Vice President

April 19, 1999

(515) 557-7502