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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **857634** (0)
1. Corporation Name
NORWEST MORTGAGE, INC.

Principal Place of Business	Mailing Address
405 SW FIFTH STREET DES MOINES IA 50309-4603	405 SW FIFTH STREET DES MOINES IA 50309-4603

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/06/1983	3a. Date of Last Report 05/01/1994
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21. Principal Place of Business	26. Mailing Address	4. FEI Number	Applied For
21	26	41-1458267	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	Des Moines, IA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Zip	29	50309
24	25	29	50309
County	County	30	Polk
25	29	30	Polk

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 8751 W BROWARD BLVD. PLANTATION FL 33324		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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, MICHAEL J.	1.2 NAME	
STREET ADDRESS	1816 80TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ALTA J	2.2 NAME	Alta A. Jones
STREET ADDRESS	13961 SOUTH SHORE	2.3 STREET ADDRESS	13961 South Shore
CITY - ST - ZIP	CLIVE IA	2.4 CITY - ST - ZIP	Clive, IA
TITLE	VSD	3.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, STEPHEN D.	3.2 NAME	Stephen D. Morrison
STREET ADDRESS	684 HWY 65/69	3.3 STREET ADDRESS	630 South 26th Street
CITY - ST - ZIP	INDIANOLA IA	3.4 CITY - ST - ZIP	West Des Moines, IA 50265
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMAN, MARK C.	4.2 NAME	
STREET ADDRESS	8809 HORTON CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUP, STANLEY	5.2 NAME	Stanley Stroup
STREET ADDRESS	6TH AND MARQUETTE	5.3 STREET ADDRESS	6th & Marquette
CITY - ST - ZIP	MINNEAPOLIS MI	5.4 CITY - ST - ZIP	Minneapolis, MN
TITLE	EVP	6.1 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISSINGER, PETER J	6.2 NAME	Peter Wissinger
STREET ADDRESS	405 SW FIFTH ST	6.3 STREET ADDRESS	405 SW 5th Street
CITY - ST - ZIP	DES MOINES IO	6.4 CITY - ST - ZIP	Des Moines, IA 50309

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 190.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Alta A. Jones, Sr.* Alta A. Jones, Sr. Vice Pres. & CFO 4/18/95 515/237-6000