

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90007 037 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 857645

1. Corporation Name
NORWEST EQUIPMENT FINANCE, INC.
 Wells Fargo

| | |
|---|---|
| Principal Place of Business 733 MARQUETTE AVENUE SUITE 300 MINNEAPOLIS MN 55479-2048 US | Mailing Address 733 MARQUETTE AVENUE SUITE 300 MINNEAPOLIS MN 55479-2048 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|-------------------------|--|---------------------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 09/07/1983 | 4. FEI Number 41-0982880 | Applied For <input type="checkbox"/> No Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 23. Zip Country | 28. Zip Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RENNER, JAMES R. | 1.2 NAME | |
| STREET ADDRESS | 733 MARQUETTE AVE, STE 300 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MINNEAPOLIS MN | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACLEOD, JOHN | 2.2 NAME | |
| STREET ADDRESS | 733 MARQUETTE AVE., STE 300 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MINNEAPOLIS MN | 2.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LACOUNT, MARK J. | 3.2 NAME | |
| STREET ADDRESS | 733 MARQUETTE AVE, STE 300 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MINNEAPOLIS MN | 3.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WEBER, MARGARET M. | 4.2 NAME | Diana Lea-Kahle |
| STREET ADDRESS | NORWEST CTR 6TH MARQUETT | 4.3 STREET ADDRESS | Norwest Ctr, Sixth and Marquette |
| CITY-ST-ZIP | MINNEAPOLIS MN | 4.4 CITY-ST-ZIP | Minneapolis, MN 55479-1026 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RENNER, JAMES R. | 5.2 NAME | |
| STREET ADDRESS | 733 MARQUETTE AVE, STE 300 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MINNEAPOLIS MN | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WESTERGAARD, RICHARD | 6.2 NAME | |
| STREET ADDRESS | NORWEST CTR 6TH MANQUETT | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MINNEAPOLIS MN | 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Diana Lea-Kahle* DATE: *4/22/99* (612) 667-5298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)