F0000004719

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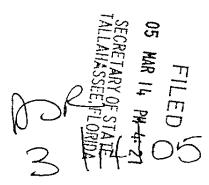
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ACCOUNT NO. : 072100000032

REFERENCE: 248604

7172389

AUTHORIZATION

COST LIMIT

ORDER DATE: March 9, 2005

ORDER TIME : 9:37 AM

ORDER NO. : 248604-040

CUSTOMER NO: 7172389

CUSTOMER: Carol Levine

Principal Financial Group

711 High Street

Des Moines, IA 50392-4820

CHANGE OF AGENT

NAME:

PRINCOR FINANCIAL SERVICES

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organiz er to change its registered office or register	and the second s	-
	the corporation: PRINCOR FINANCIAL		
		,	
	office address:		
711 High	St., Des Moines, IA 50392-030	6.	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 08/21/2000	Document number: F0000004719	
	I street address of the current registered agortment of State:	ent and registered office on file with the	
	C T Corporation System	w	
	1200 South Pine Island Road		•
	Plantation, FL 33324	ALL PE	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company	PH F	,
	1201 Hays Street	21 BEE 21	
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent	i,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.			
W.) au	ure of an officer or director)	Maureen Cullen, Attorney in Fact (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bei- corporation has	the appointment as registered agent and to comply with the provisions of all statut d I am familiar with and accept the oblig	l agree to act in this capacity. tes relative to the proper and complete performanc gation of my position as registered agent. Or, if th registered office address, I hereby confirm that th	is
BY I OLGA	uline M. Gills	March 09, 2005	
	gnature of Registered Agent)	(Date)	
If signing on behalf of an entity:			
Jacqueline	M. Giles, Asst. Vice President		
(T	'yped or Printed Name)		

* * * FILING FEE: \$35.00 * * *