

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005777 (7)**  
1. Corporation Name  
**NORWEST FUNDING II, INC.**



Principal Place of Business: **60 SOUTH 6TH STREET SUITE 3120 MINNEAPOLIS MN 55402 US**  
Mailing Address: **405 SW 5TH ST., UNIT 5874 DES MOINES IA 50308**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **11/08/1994** 3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **41-1531749** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH 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: \_\_\_\_\_ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 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, as applicable (delete if not applicable) (SOLE Registered Agent Signature required when certifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARIS, MARK E</b>	1.2 NAME	<b>900001808799</b>
STREET ADDRESS	<b>3601 MINNESOTA DRIVE, STE. 200</b>	1.3 STREET ADDRESS	<b>-05/06/96--01029--029</b>
CITY-STATE-ZIP	<b>BLOOMINGTON MN</b>	1.4 CITY-STATE-ZIP	<b>***200.00</b>
TITLE	<b>VS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRISON, STEPHEN D</b>	2.2 NAME	
STREET ADDRESS	<b>405 SW FIFTH ST.</b>	2.3 STREET ADDRESS	<b>Des Moines, IA 50328</b>
CITY-STATE-ZIP	<b>DES MOINES IA 50309</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>VCFO</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, ALTA J</b>	3.2 NAME	
STREET ADDRESS	<b>405 SW FIFTH ST.</b>	3.3 STREET ADDRESS	<b>Des Moines, IA 50328</b>
CITY-STATE-ZIP	<b>DES MOINES IA 50309</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>VM</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOVING, JAMES</b>	4.2 NAME	
STREET ADDRESS	<b>3601 MINNESOTA DR., STE. 200</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BLOOMINGTON MN 55435</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>P</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHULTE, LAURA</b>	5.2 NAME	<b>VP</b>
STREET ADDRESS	<b>3601 MINNESOTA DRIVE</b>	5.3 STREET ADDRESS	<b>Judith K. Yonti</b>
CITY-STATE-ZIP	<b>BLOOMINGTON MN</b>	5.4 CITY-STATE-ZIP	<b>405 SW 5th Street, UN5874</b>
TITLE	<b>V</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANDERMARK, J. D</b>	6.2 NAME	
STREET ADDRESS	<b>6TH &amp; MARQUETTE</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MINNEAPOLIS MN</b>	6.4 CITY-STATE-ZIP	

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 119.07(3)(4), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Alta J. Jones* **Alta J. Jones Sr. Vice Pres. & CFO** 4/22/96 (515) 237-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)

5-1-96  
OK