

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 # **F95000005222 (3)**

1. Corporation Name
NORWEST MORTGAGE, INC.



Principal Place of Business: **405 SW 5TH STREET DES MOINES IA 50309**
Mailing Address: **405 SW 5TH STREET DES MOINES IA 50309**

3. Date Incorporated or Qualified: **10/24/1995**
3a. Date of Last Report: **5/1/95**
4. FET Number: **95-2318940**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26 **405 SW 5th St.**
22. Suite, Apt. #, etc.: 27 **UN5874**
23. City & State: 28 **Des Moines, IA**
24. Zip: 29 **50328**
25. Country: 30 **Folk**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 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 true agent)

Name of Registered Agent (Typed or printed name of registered agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMAN, MARK C	1.2 NAME Oman, Mark C
STREET ADDRESS	405 SW 5TH STREET	1.3 STREET ADDRESS 405 SW 5th Street, UN5874
CITY - ST - ZIP	DES MOINES IA 50309	1.4 CITY - ST - ZIP Des Moines, IA 50328
TITLE	EVD <input type="checkbox"/> DELETE	2.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLER, MICHAEL J	2.2 NAME Jones, Alta J.
STREET ADDRESS	405 SW 5TH STREET	2.3 STREET ADDRESS 405 SW 5th Street, UN5874
CITY - ST - ZIP	DES MOINES IA 50309	2.4 CITY - ST - ZIP Des Moines, IA 50328
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, STEPHEN D	3.2 NAME
STREET ADDRESS	405 SW 5TH STREET	3.3 STREET ADDRESS
CITY - ST - ZIP	DES MOINES IA 50309	3.4 CITY - ST - ZIP
TITLE	EV <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISSINGER, PETER J	4.2 NAME V/D
STREET ADDRESS	405 SW 5TH STREET	4.3 STREET ADDRESS Keller, Michael J.
CITY - ST - ZIP	DES MOINES IA 50309	4.4 CITY - ST - ZIP 405 SW 5th Street, UN5874
TITLE	EV <input type="checkbox"/> DELETE	5.1 TITLE Des Moines, IA 50328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OHMER, CHUCK	5.2 NAME VP
STREET ADDRESS	405 SW 5TH STREET	5.3 STREET ADDRESS Tonti, Judith K.
CITY - ST - ZIP	DES MOINES IA 50309	5.4 CITY - ST - ZIP 405 SW 5th Street, UN5874
TITLE	EV <input type="checkbox"/> DELETE	6.1 TITLE Des Moines, IA 50328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARIS, MARK	6.2 NAME D
STREET ADDRESS	3601 MINNESOTA DRIVE, SUITE 200	6.3 STREET ADDRESS Stanley S. Stroup
CITY - ST - ZIP	BLOOMINGTON MN 55435	6.4 CITY - ST - ZIP 6th & Marquette Minneapolis, MN 55479

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)(k), 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 in an attachment with an address.

SIGNATURE: *Alta J. Jones* **Alta J. Jones Sr. Vice Pres. & CFO 4/22/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(515) 237-6000

CR2E034 (12/95)