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Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 ST, UN5874, DES MOINES IA 50309-4600, US

2. Principal Place of Business 21 405 SW 5th Street Suite, Apt. #, etc. 22 MS122481 City & State 23 Zip 24 50328 Country 25 US	2a. Mailing Address 26 405 SW 5th Street Suite, Apt. #, etc. 27 MS122481 City & State 28 Zip 29 50328 Country 30 US	3. Date Incorporated or Qualified 10/24/1995	3a. Date of Last Report 05/01/1996
		4. FEI Number 95-2318940	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T 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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	OMAN, MARK C 405 SW 5TH STREET DES MOINES IA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			1.2 NAME Mark Korell
STREET ADDRESS			1.3 STREET ADDRESS 405 SW 5th Street
CITY-ST-ZIP			1.4 CITY-ST-ZIP Des Moines, IA 50328
TITLE EVD	KELLER, MICHAEL J 405 SW 5TH STREET DES MOINES IA 50309	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/I <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME Robert Chapman
STREET ADDRESS			2.3 STREET ADDRESS 405 SW 5th Street, MS122473
CITY-ST-ZIP			2.4 CITY-ST-ZIP Des Moines, IA 50328
TITLE VSD	MORRISON, STEPHEN D 405 SW 5TH STREET DES MOINES IA 50309	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS 405 SW 5th Street, MS122457
CITY-ST-ZIP			3.4 CITY-ST-ZIP Des Moines, IA 50328
TITLE EV	WISSINGER, PETER J 405 SW 5TH STREET DES MOINES IA 50309	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP Des Moines, IA 50328
TITLE EV	OHMER, CHUCK 405 SW 5TH STREET DES MOINES IA 50309	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP Des Moines, IA 50328
TITLE EV	FARIS, MARK 3601 MINNESOTA DRIVE, SUITE 200 BLOOMINGTON MN 55435	<input checked="" type="checkbox"/> DELETE	6.1 TITLE V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME Judith Tonti
STREET ADDRESS			6.3 STREET ADDRESS 405 SW 5th Street, MS122481
CITY-ST-ZIP			6.4 CITY-ST-ZIP Des Moines, IA 50328

14. I do 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.

SIGNATURE: *Judith Tonti* Judith Tonti 4/14/97 (515)221-7518

CR2E034 (9/96)