

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

**FILED**

**May 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # F95000005222 (3)**  
1. Corporation Name  
**NORWEST MORTGAGE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**405 SW 5TH ST  
MS122481  
DES MOINES IA 50328  
US**

Mailing Address  
**405 SW 5TH ST  
MS122481  
DES MOINES IA 50328  
US**

3. Date Incorporated or Qualified  
**10/24/1995**

4. FEI 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

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 **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 \_\_\_\_\_ (NAME) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PDC
NAME	KORELL, MARK	1.2 NAME	Marck C. Oren
STREET ADDRESS	405 SW 5TH ST	1.3 STREET ADDRESS	405 S.W. 5th St., MS 122482
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	Des Moines, IA 50328
TITLE	VT	2.1 TITLE	
NAME	CHAPMAN, ROBERT	2.2 NAME	
STREET ADDRESS	405 SW 5TH ST, MS122473	2.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	Des Moines, IA 50328
TITLE	VSD	3.1 TITLE	
NAME	MORRISON, STEPHEN D	3.2 NAME	James M. Strother
STREET ADDRESS	405 SW 5TH ST, MS122457	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP	Des Moines, IA 50328
TITLE	EV	4.1 TITLE	D
NAME	WISSINGER, PETER J	4.2 NAME	
STREET ADDRESS	405 SW 5TH STREET	4.3 STREET ADDRESS	405 S.W. 5th St., MS 122472
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	Des Moines, IA 50328
TITLE	EV	5.1 TITLE	D
NAME	OHMER, CHUCK	5.2 NAME	Stanley S. Stroup
STREET ADDRESS	405 SW 5TH STREET	5.3 STREET ADDRESS	405 S.W. 5th St., MS 122481
CITY-ST-ZIP	DES MOINES IA	5.4 CITY-ST-ZIP	Des Moines, IA 50328
TITLE	V	6.1 TITLE	
NAME	TONTI, JUDITH	6.2 NAME	Steven D. McClelland
STREET ADDRESS	405 SW 5TH ST, MS122481	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	6.4 CITY-ST-ZIP	Des Moines, IA 50328

1.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marck C. Oren	
1.3 STREET ADDRESS	405 S.W. 5th St., MS 122482	
1.4 CITY-ST-ZIP	Des Moines, IA 50328	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Des Moines, IA 50328	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James M. Strother	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Des Moines, IA 50328	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	405 S.W. 5th St., MS 122472	
4.4 CITY-ST-ZIP	Des Moines, IA 50328	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stanley S. Stroup	
5.3 STREET ADDRESS	405 S.W. 5th St., MS 122481	
5.4 CITY-ST-ZIP	Des Moines, IA 50328	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Steven D. McClelland	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	Des Moines, IA 50328	

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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)