


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90141 045 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F95000005222
 1. Corporation Name
NORWEST MORTGAGE, INC.



| | |
|---|---|
| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/24/1995 | |
| 4. FEI Number 95-2318940 | Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--|---|--|
| 2. Principal Place of Business 21 1 Home Campus Suite, Apt. #, etc. 22 MS 122481 City & State 23 Des Moines, IA Zip 24 50328-0001 | 2a. Mailing Address 26 1 Home Campus Suite, Apt. #, etc. 27 MS 122481 City & State 28 Des Moines, IA Zip 29 50328-0001 | Country 25 USA Country 30 USA |
|--|---|--|

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 | PDC MARCK O OMAN 405 SW 5TH ST MS 122482 DES MOINES IA 50328 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | VT CHAPMAN, ROBERT 405 SW 5TH ST, MS122473 DES MOINES IA 50328 | <input type="checkbox"/> DELETE | 1.2 NAME | | |
| TITLE | VSD JAMES M STROTHER 405 SW 5TH ST, MS122457 DES MOINES IA 50328 | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | 1 Home Campus, MS 122482 | |
| TITLE | D WISSINGER, PETER J 405 SW 5TH ST MS 122472 DES MOINES IA 50328 | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | Des Moines, IA 50328-0001 | |
| TITLE | D STANLEY S STROUP 405 SW 5TH ST MS 122481 DES MOINES IA 50328 | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | V STEVEN D MCCLELLAND 405 SW 5TH ST, MS122481 DES MOINES IA 50328 | <input type="checkbox"/> DELETE | 2.2 NAME | | |
| | | | 2.3 STREET ADDRESS | 1 Home Campus, MS 122473 | |
| | | | 2.4 CITY-ST-ZIP | Des Moines, IA 50328-0001 | |
| | | | 3.1 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | 3.2 NAME | | |
| | | | 3.3 STREET ADDRESS | 1 Home Campus, MS 122457 | |
| | | | 3.4 CITY-ST-ZIP | Des Moines, IA 50328-0001 | |
| | | | 4.1 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | 4.2 NAME | | |
| | | | 4.3 STREET ADDRESS | 1 Home Campus, MS 122473 | |
| | | | 4.4 CITY-ST-ZIP | Des Moines, IA 50328-0001 | |
| | | | 5.1 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | 5.2 NAME | | |
| | | | 5.3 STREET ADDRESS | 633 Flosom Street | |
| | | | 5.4 CITY-ST-ZIP | San Francisco, CA 94107 | |
| | | | 6.1 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | 6.2 NAME | | |
| | | | 6.3 STREET ADDRESS | 1 Home Campus, MS 122481 | |
| | | | 6.4 CITY-ST-ZIP | Des Moines, IA 50328-0001 | |

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, with all other like empowered.

SIGNATURE: *Steven D McClelland* STEVEN D. McClelland 4/22/99 (515) 221-7518
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)