

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 17 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
- 11099



DO NOT WRITE IN THIS SPACE
05-01-00 90061 022 \$150.00

DOCUMENT # F95000005222

i. Entity Name
NORWEST MORTGAGE, INC.

Principal Place of Business: HOME CAMPUS, MOINES IA 50328-0001
Mailing Address: 1 HOME CAMPUS, MS122481, DES MOINES IA 50328-0001, US

2. Principal Place of Business: MAC X2404-035, City & State
3. Mailing Address: MAC X2404-035, City & State

4. FEI Number: 95-2318940
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: PDC NAME: MARCK O OMAN STREET ADDRESS: 1 HOME CAMPUS MS 122482 CITY-ST-ZIP: DES MOINES IA 50328-0001	<input type="checkbox"/> Delete
TITLE: VT NAME: CHAPMAN, ROBERT STREET ADDRESS: 1 HOME CAMPUS MS 122473 CITY-ST-ZIP: DES MOINES IA 50328-0001	<input type="checkbox"/> Delete
TITLE: VSD NAME: JAMES M STROTHER STREET ADDRESS: 1 HOMES CAMPUS MS 122473 CITY-ST-ZIP: DES MOINES IA 50328-0001	<input type="checkbox"/> Delete
TITLE: D NAME: WISSINGER, PETER J STREET ADDRESS: 1 HOMES CAMPUS MS 122473 CITY-ST-ZIP: DES MOINES IA 50328-0001	<input type="checkbox"/> Delete
TITLE: D NAME: STANLEY S STROUP STREET ADDRESS: 633 FLOSON ST CITY-ST-ZIP: SAN FRANCISCO CA 94107	<input type="checkbox"/> Delete
TITLE: V NAME: STEVEN D MCCLELLAND STREET ADDRESS: 1 HOME CAMPUS MS 122481 CITY-ST-ZIP: DES MOINES IA 50328-0001	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDC NAME: Mark C. Oman STREET ADDRESS: 1 Home Campus CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT NAME: _____ STREET ADDRESS: 1 Home Campus CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 1 Home Campus CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P/D NAME: _____ STREET ADDRESS: 1 Home Campus CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 1 Home Campus CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven D. McClelland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

515-221-7518
Daytime Phone #

KE

CR2E034 (9/99)