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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90285 006 \*1,200.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F96007

1. Corporation Name  
**NORWEST FINANCIAL CREDIT SERVICES, INC.**

#3101



Principal Place of Business Mailing Address  
**% MANLEY C. HALL** **% MANLEY C. HALL**  
**206 EIGHTH ST** **206 EIGHTH ST**  
**DES MOINES FL 50309** **DES MOINES FL 50309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/18/1982**

4. FEI Number **42-1185596** Applied For  Not Applicable

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRUMHELLER, J. F.**  
**250 INTERNATIONAL PARKWAY**  
**SUITE 146**  
**HEATHROW FL 32746**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAGNER, STEVE R.	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TORKELSON, ERIC	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POETTING, GARY M.	
STREET ADDRESS	206 8TH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEILAND DENISE A.	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KUNZ, FAYE L.	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATERA, MICHAEL J	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA 50309	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	Vos, Ronald D.
2.4 CITY-ST-ZIP	206 Eighth Street Des Moines, IA 50309
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Denise A. Wieland Denise A. Wieland April 19, 1999 (515) 557-7502  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #

CR2E034 (11/98)