

#1001

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

FILED
May 20 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 # P14389 (1)

1. Corporation Name
NORWEST FINANCIAL, INC.



Principal Place of Business 206 EIGHTH STREET DES MOINES IA 50309	Mailing Address 206 EIGHTH STREET DES MOINES IA 50309
---------------------------------------------------------------------------------	---------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1987		4. FEI Number 42-1186565		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
21	22	26	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City & State		City & State		
23	24	28	29	30
Zip	Country	Zip	Country	

9. Name and Address of Current Registered Agent DRUMHELLER, J.F. 250 INTERNATIONAL PARKWAY SUITE 148 HEATHROW FL 32746				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

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 date if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERENS, JAMES R	1.2 NAME	
STREET ADDRESS	206 8TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	Vice President & Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKS, TAMMERIA K	2.2 NAME	Torkelson, Eric T.
STREET ADDRESS	206 8TH ST.	2.3 STREET ADDRESS	206 Eighth Street
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	Des Moines, IA 50309
TITLE	SVD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINICK, ALFRED Z.	3.2 NAME	McFarland, Patricia J.
STREET ADDRESS	206 8TH ST.	3.3 STREET ADDRESS	206 Eighth Street
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP	Des Moines, IA 50309
TITLE	TVD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DENNIS E.	4.2 NAME	
STREET ADDRESS	206 8TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, DAVID C	5.2 NAME	
STREET ADDRESS	206 8TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUP, STANLEY S.	6.2 NAME	
STREET ADDRESS	NORWEST CTR 8TH & MARQUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	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 in an attachment with an address.

Eric T. Torkelson
Vice President & Controller

CR2E034 (10/97)