

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13593 (6)

1. Corporation Name

NORWEST FINANCIAL SYSTEM FLORIDA, INC.

100001515631

-06/16/95--01080--015

***1000.00 ***200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
206 EIGHTH ST SUITE 115 DES MOINES, IO 50309	206 EIGHTH ST SUITE 115 DES MOINES, IO 50309

3. Date Incorporated or Qualified 11/15/1990	3a. Date of Last Report 04/29/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 42-1361559	Applied For Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent DRUMHELLER, J.F. 250 INTERNATIONAL PARKWAY SUITE 146 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
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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 of person or persons or registered agent and date of signature

NOTE: Registered Agent signature required when completing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP WAGNER, STEVE R. 206 EIGHTH STREET DES MOINES IA	1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	D SANDSTROM, HARRY N. 206 EIGHTH STREET DES MOINES IA	2.1 TITLE	☒ Change ☐ Addition
NAME		2.2 NAME	Holck, Denise J.A.
STREET ADDRESS		2.3 STREET ADDRESS	206 Eighth Street
CITY, ST, ZIP		2.4 CITY, ST, ZIP	Des Moines, IA
TITLE	DV POETTING, GARY M. 206 EIGHTH STREET DES MOINES IA	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	V TORKELSON, ERIC 206 EIGHTH STREET DES MOINES IA	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	V WEILAND DENISE A. 206 EIGHTH ST DES MOINES IA 50309	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	S KUNZ, FAYE L. 206 EIGHTH ST DES MOINES IA	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Denise A. Wieland Denise A. Wieland, Vice President 4/19/95 (515)237-7225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #