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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*1000.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

|                                      |                                                                                   |                                                                                                   |
|--------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # F96007 (2)

1. Corporation Name

NORWEST FINANCIAL CREDIT SERVICES, INC.

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br>% MANLEY C. HALL<br>206 EIGHTH ST<br>DES MOINES FL 50309 | Mailing Address<br>% MANLEY C. HALL<br>206 EIGHTH ST<br>DES MOINES FL 50309 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>26. Suite, Apt. #, etc.<br>27. City & State<br>28. Zip<br>29. Country |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                                                                                                                     |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>08/18/1982                                                                                                     | 3a. Date of Last Report<br>04/29/1994 |
| 4. FEI Number<br>42-1185596                                                                                                                         | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                         |                                       |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fee                                    |                                       |
| 8. This corporation has liability for intangible tax under S. 199.032.<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br>DRUMHELLER, J. F.<br>250 INTERNATIONAL PARKWAY<br>SUITE 146<br>HEATHROW FL 32746 |
|-------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Name and Address of New Registered Agent<br>81. Name<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>83.<br>84. City<br>85. Zip Code<br>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 (agent or principal officer or director) and title (if applicable)

Signature (registered agent) and title (if applicable)

(DATE)

| 12. OFFICERS AND DIRECTORS |                     |
|----------------------------|---------------------|
| TITLE                      | PD                  |
| NAME                       | WAGNER, STEVE R.    |
| STREET ADDRESS             | 206 8TH STREET      |
| CITY, ST, ZIP              | DES MOINES IA       |
| TITLE                      | V                   |
| NAME                       | TORKELSON, ERIC     |
| STREET ADDRESS             | 206 8TH STREET      |
| CITY, ST, ZIP              | DES MOINES IA       |
| TITLE                      | VD                  |
| NAME                       | POETTING, GARY M.   |
| STREET ADDRESS             | 206 8TH ST          |
| CITY, ST, ZIP              | DES MOINES IA       |
| TITLE                      | VP                  |
| NAME                       | WEILAND DENISE A.   |
| STREET ADDRESS             | 206 8TH STREET      |
| CITY, ST, ZIP              | DES MOINES IA 50309 |
| TITLE                      | SD                  |
| NAME                       | KUNZ, FAYE L.       |
| STREET ADDRESS             | 206 8TH STREET      |
| CITY, ST, ZIP              | DES MOINES IA       |
| TITLE                      | T                   |
| NAME                       | HOLCK, DENISE J.A.  |
| STREET ADDRESS             | 206 8TH STREET      |
| CITY, ST, ZIP              | DES MOINES IA       |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY, ST, ZIP                                     |                                                                   |
| 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                                     |                                                                   |

Tues 6/15/95

REMITTED BY MAY 1

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)(a), 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 (Name)