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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005222 (3)

1. Corporation Name

NORWEST MORTGAGE, INC.

Principal Place of Business

405 SW 5TH STREET
DES MOINES IA 50309

Mailing Address

405 SW 5TH ST
UN5874
DES MOINES IA 50309-4600
US



2. Principal Place of Business
21 405 SW 5th Street

Suite, Apt. #, etc.

22 MS122481

City & State

23

Zip

24 50328

Country

25 US

2a. Mailing Address

26 405 SW 5th Street

Suite, Apt. #, etc.

27 MS122481

City & State

28

Zip

29 50328

Country

30 US

3. Date Incorporated or Qualified

10/24/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

95-2318940

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE PD ☒ DELETE

NAME OMAN, MARK C
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA

TITLE EVD ☒ DELETE

NAME KELLER, MICHAEL J
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA 50309

TITLE VSD ☐ DELETE

NAME MORRISON, STEPHEN D
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA 50309

TITLE EV ☐ DELETE

NAME WISSINGER, PETER J
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA 50309

TITLE EV ☐ DELETE

NAME OHMER, CHUCK
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA 50309

TITLE EV ☒ DELETE

NAME FARIS, MARK
STREET ADDRESS 3601 MINNESOTA DRIVE, SUITE 200
CITY-ST-ZIP BLOOMINGTON MN 55435

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition

1.2 NAME Mark Korell
1.3 STREET ADDRESS 405 SW 5th Street
1.4 CITY-ST-ZIP Des Moines, IA 50328

2.1 TITLE V/I ☐ Change ☒ Addition

2.2 NAME Robert Chapman
2.3 STREET ADDRESS 405 SW 5th Street, MS122473
2.4 CITY-ST-ZIP Des Moines, IA 50328

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 405 SW 5th Street, MS122457
3.4 CITY-ST-ZIP Des Moines, IA 50328

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Des Moines, IA 50328

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Des Moines, IA 50328

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME Judith Tonti
6.3 STREET ADDRESS 405 SW 5th Street, MS122481
6.4 CITY-ST-ZIP Des Moines, IA 50328

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:

Judith Tonti

4/14/97

(515)221-7518

CR2E034 (9/96)