

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857645 (6)  
1. Corporation Name  
NORWEST EQUIPMENT FINANCE, INC.

Principal Place of Business 733 MARQUETTE AVENUE SUITE 300 MINNEAPOLIS MN 55479-2048 US	Mailing Address 733 MARQUETTE AVENUE SUITE 300 MINNEAPOLIS MN 55479-2048 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/07/1983	
25		30		4. FEI Number 41-0982880	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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	
				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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	NAME	RENNER, JAMES R.	1.1 TITLE			
STREET ADDRESS	733 MARQUETTE AVE, STE 300			1.2 NAME			
CITY-ST-ZIP	MINNEAPOLIS MN			1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
TITLE	VP	NAME	MACLEOD, JOHN	2.1 TITLE			
STREET ADDRESS	733 MARQUETTE AVE., STE 300			2.2 NAME			
CITY-ST-ZIP	MINNEAPOLIS MN			2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
TITLE	T	NAME	LACOUNT, MARK J.	3.1 TITLE			
STREET ADDRESS	733 MARQUETTE AVE, STE 300			3.2 NAME			
CITY-ST-ZIP	MINNEAPOLIS MN			3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
TITLE	S	NAME	WEBER, MARGARET M.	4.1 TITLE			
STREET ADDRESS	NORWEST CTR 6TH MARQUETT			4.2 NAME			
CITY-ST-ZIP	MINNEAPOLIS MN			4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE	D	NAME	RENNER, JAMES R.	5.1 TITLE			
STREET ADDRESS	733 MARQUESST AVE, STE 300			5.2 NAME			
CITY-ST-ZIP	MINNEAPOLIA MN			5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
TITLE	D	NAME	WESTERGAARD, RICHARD	6.1 TITLE			
STREET ADDRESS	NORWEST CTR 6TH MANQUETT			6.2 NAME			
CITY-ST-ZIP	MINNEAPOLIS MN			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, changed, or on an attachment with an address.

SIGNATURE: Margaret M. Weber

4.29-98

CR2E034 (10/97)