

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90141 045 ***150.00

DOCUMENT # F95000005222

1. Corporation Name
NORWEST MORTGAGE, INC.

Principal Place of Business

405 SW 5TH ST
MS122481
DES MOINES IA 50328
US

Mailing Address

405 SW 5TH ST
MS122481
DES MOINES IA 50328
US

2. Principal Place of Business

21 1 Home Campus

Suite, Apt. #, etc.

22 MS 122481

City & State

23 Des Moines, IA

Zip

24 50328-0001 25 USA

2a. Mailing Address

26 1 Home Campus

Suite, Apt. #, etc.

27 MS 122481

City & State

28 Des Moines, IA

Zip

29 50328-0001 30 USA

3. Date Incorporated or Qualified

10/24/1995

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 owes the current year Intangible
Personal Property Tax.

☒ 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 PDC ☐ DELETE

NAME MARCK O OMAN

STREET ADDRESS 405 SW 5TH ST MS 122482

CITY-ST-ZIP DES MOINES IA 50328

TITLE VT ☐ DELETE

NAME CHAPMAN, ROBERT

STREET ADDRESS 405 SW 5TH ST, MS122473

CITY-ST-ZIP DES MOINES IA 50328

TITLE VSD ☐ DELETE

NAME JAMES M STROTHER

STREET ADDRESS 405 SW 5TH ST, MS122457

CITY-ST-ZIP DES MOINES IA 50328

TITLE D ☐ DELETE

NAME WISSINGER, PETER J

STREET ADDRESS 405 SW 5TH ST MS 122472

CITY-ST-ZIP DES MOINES IA 50328

TITLE D ☐ DELETE

NAME STANLEY S STROUP

STREET ADDRESS 405 SW 5TH ST MS 122481

CITY-ST-ZIP DES MOINES IA 50328

TITLE V ☐ DELETE

NAME STEVEN D MCCLELLAND

STREET ADDRESS 405 SW 5TH ST, MS122481

CITY-ST-ZIP DES MOINES IA 50328

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1 Home Campus, MS 122482

1.4 CITY-ST-ZIP Des Moines, IA 50328-0001

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1 Home Campus, MS 122473

2.4 CITY-ST-ZIP Des Moines, IA 50328-0001

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1 Home Campus, MS 122457

3.4 CITY-ST-ZIP Des Moines, IA 50328-0001

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 1 Home Campus, MS 122473

4.4 CITY-ST-ZIP Des Moines, IA 50328-0001

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 633 Flosom Street

5.4 CITY-ST-ZIP San Francisco, CA 94107

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS 1 Home Campus, MS 122481

6.4 CITY-ST-ZIP Des Moines, IA 50328-0001

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steven D McClelland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

(515) 221-7518

Daytime Phone #

CR2E034 (11/98)

0549245