

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 06, 1999 8:00 am
Secretary of State

05-06-1999 90285 006 *1,200.00

DOCUMENT # F96007

1. Corporation Name

NORWEST FINANCIAL CREDIT SERVICES, INC.

#3101



Principal Place of Business

Mailing Address

% MANLEY C. HALL
206 EIGHTH ST
DES MOINES FL 50309

% MANLEY C. HALL
206 EIGHTH ST
DES MOINES FL 50309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1982

4. FEI Number

42-1185596

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRUMHELLER, J. F.
250 INTERNATIONAL PARKWAY
SUITE 146
HEATHROW FL 32746

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WAGNER, STEVE R.
STREET ADDRESS 206 8TH STREET
CITY-ST-ZIP DES MOINES IA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME TORKELSON, ERIC
STREET ADDRESS 206 8TH STREET
CITY-ST-ZIP DES MOINES IA

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Vice President
2.3 STREET ADDRESS Vos, Ronald D.
2.4 CITY-ST-ZIP 206 Eighth Street
Des Moines, IA 50309

TITLE VD ☐ DELETE
NAME POETTING, GARY M.
STREET ADDRESS 206 8TH ST
CITY-ST-ZIP DES MOINES IA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME WEILAND DENISE A.
STREET ADDRESS 206 8TH STREET
CITY-ST-ZIP DES MOINES IA 50309

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME KUNZ, FAYE L.
STREET ADDRESS 206 8TH STREET
CITY-ST-ZIP DES MOINES IA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME MATERA, MICHAEL J
STREET ADDRESS 206 8TH STREET
CITY-ST-ZIP DES MOINES IA 50309

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise A. Wieland
Vice President

April 19, 1999 (515) 557-7502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)