

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005222

i. Entity Name

NORWEST MORTGAGE, INC.

APPROVED
AND
FILED

00 JUL 17 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11089

Principal Place of Business HOME CAMPUS MOINES IA 50328-0001	Mailing Address 1 HOME CAMPUS MS122481 DES MOINES IA 50328-0001 US
--	--

2. Principal Place of Business Suite, Apt. #, etc. MAC X2404-035 City & State	3. Mailing Address Suite, Apt. #, etc. MAC X2404-035 City & State
Zip Country	Zip Country

DO NOT WRITE IN THIS SPACE
05-01-00 90061 022 \$150.00

4. FEI Number 95-2318940	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC MARCK O OMAN 1 HOME CAMPUS MS 122482 DES MOINES IA 50328-0001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC Mark C. Oman 1 Home Campus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CHAPMAN, ROBERT 1 HOME CAMPUS MS 122473 DES MOINES IA 50328-0001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT 1 Home Campus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD JAMES M STROTHER 1 HOMES CAMPUS MS 122473 DES MOINES IA 50328-0001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 1 Home Campus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WISSINGER, PETER J 1 HOMES CAMPUS MS 122473 DES MOINES IA 50328-0001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D 1 Home Campus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANLEY S STROUP 633 FLOSON ST SAN FRANCISCO CA 94107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STEVEN D MCCLELLAND 1 HOME CAMPUS MS 122481 DES MOINES IA 50328-0001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 1 Home Campus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven D. McClelland **Steven D. McClelland** **515-221-7518**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **KE**

CR2E034 (9/99)