

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

FILED  
May 07 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 # 814433 (9)  
1. Corporation Name  
PRINCIPAL INVESTORS CORPORATION

Principal Place of Business 711 HIGH STREET C/O BETTY CREIGHTON, LAW DEPT. DES MOINES IA 50392-0300 US	Mailing Address 711 HIGH STREET C/O BETTY CREIGHTON, LAW DEPT. DES MOINES IA 50392-0300 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 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/25/1960	4. FEI Number 22-1713309	Applied For Not Applicable
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		
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 FL 85 Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VS	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOFFMAN, JOYCE N.		12 NAME				
STREET ADDRESS	711 HIGH STREET		13 STREET ADDRESS				
CITY-ST-ZIP	DES MOINES IA		14 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JONES, STEPHAN L.		22 NAME				
STREET ADDRESS	711 HIGH STREET		23 STREET ADDRESS				
CITY-ST-ZIP	DES MOINES IA		24 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	31 TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRICKLER, MARY L.		32 NAME	Bricker, Mary L.			
STREET ADDRESS	711 HIGH STREET		33 STREET ADDRESS	711 High Street			
CITY-ST-ZIP	DES MOINES IA		34 CITY-ST-ZIP	Des Moines, IA			
TITLE	D	<input checked="" type="checkbox"/> DELETE	41 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ROHM, CHARLES E.		42 NAME	Bassett, Craig L.			
STREET ADDRESS	711 HIGH STREET		43 STREET ADDRESS	711 High Street			
CITY-ST-ZIP	DES MOINES IA		44 CITY-ST-ZIP	Des Moines, IA			
TITLE	D	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DRURY, DAVID J.		52 NAME				
STREET ADDRESS	711 HIGH STREET		53 STREET ADDRESS				
CITY-ST-ZIP	DES MOINES IA		54 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	61 TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CRABTREE, RAY S.		62 NAME	Griswell, J. Barry			
STREET ADDRESS	711 HIGH STREET		63 STREET ADDRESS	711 High Street			
CITY-ST-ZIP	DES MOINES IA		64 CITY-ST-ZIP	Des Moines, IA			

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 attached page with an address.

SIGNATURE \_\_\_\_\_ MARY L. BRICKER 4-15-98 (515) 247-5111

CP2E034 (10/97)