

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90058 030 \*\*\*150.00

**DOCUMENT # 814433**

1. Entity Name

**PRINCIPAL INVESTORS CORPORATION**

Principal Place of Business

Mailing Address

711 HIGH STREET  
 C/O DEBORAH KERNS. LAW  
 DES MOINES IA 50392-0300  
 US

711 HIGH STREET  
 C/O DEBORAH KERNS. LAW  
 DES MOINES IA 50392-0001  
 US

2. Principal Place of Business

3. Mailing Address

711 High Street

711 High Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Carol Levine, Law

c/o Carol Levine

City & State

City & State

Des Moines, IA

Des Moines, IA

Zip

Country

Zip

Country

50392-0300

US

50392-0300

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-1713309

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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

*Joyce N. Hoffman*

Signature, typed or printed name of registered agent and title if applicable.

(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)

**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.

**\$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	Delete
VS - D	HOFFMAN, JOYCE N.	711 HIGH STREET	DES MOINES IA	<input type="checkbox"/>
PD	JONES, STEPHAN L.	711 HIGH STREET	DES MOINES IA	<input checked="" type="checkbox"/>
AS	BRICKER, MARY L	711 HIGH STREET	DES MOINES IA	<input checked="" type="checkbox"/>
T	BASSETT, CRAIG L	711 HIGH STREET	DES MOINES IA	<input type="checkbox"/>
D	DRURY, DAVID J.	711 HIGH STREET	DES MOINES IA	<input checked="" type="checkbox"/>
CD	GRISWELL, J BARRY	711 HIGH STREET	DES MOINES IA	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	Shaff, Karen E.	711 High Street	Des Moines, IA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Joyce N. Hoffman*  
 Vice President and Corporate Secretary

Joyce N. Hoffman 1-25-2000

(515) 247-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)