

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814433

1. Entity Name

PRINCIPAL INVESTORS CORPORATION

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

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

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.

40 Carol Levine, Law

40 Carol Levine

City & State

City & State

Des Moines, IA

Des Moines, IA

Zip

Zip

Country

Country

50392-0300

US

50392-0300

US

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

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 VS & D  
NAME HOFFMAN, JOYCE N.  
STREET ADDRESS 711 HIGH STREET  
CITY-ST-ZIP DES MOINES IA ☐ Delete

TITLE DP  
NAME Shaff, Karen E.  
STREET ADDRESS 711 High Street  
CITY-ST-ZIP Des Moines, IA ☐ Change ☒ Addition

TITLE PD  
NAME JONES, STEPHAN L.  
STREET ADDRESS 711 HIGH STREET  
CITY-ST-ZIP DES MOINES IA ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME BRICKER, MARY L  
STREET ADDRESS 711 HIGH STREET  
CITY-ST-ZIP DES MOINES IA ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME BASSETT, CRAIG L  
STREET ADDRESS 711 HIGH STREET  
CITY-ST-ZIP DES MOINES IA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME DRURY, DAVID J.  
STREET ADDRESS 711 HIGH STREET  
CITY-ST-ZIP DES MOINES IA ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD  
NAME GRISWELL, J BARRY  
STREET ADDRESS 711 HIGH STREET  
CITY-ST-ZIP DES MOINES IA ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

Joyce N. Hoffman 1-25-2000 (515) 475-1111  
Vice President and Corporate Secretary

CR2E034 (9/93)