## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#814433** 

**Entity Name: PRINCIPAL INVESTORS CORPORATION** 

**FILED** Mar 31, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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711 HIGH STREET 711 HIGH STREET

C/O CAROL LEVINE LAW DES MOINES, IA 503920306 US DES MOINES, IA 503920306 US

**Current Mailing Address: New Mailing Address:** 

711 HIGH STREET 711 HIGH STREET

C/O CAROL LEVINE LAW ATTN: CAROL LEVINE, S-6-W86 DES MOINES, IA 503920306 US DES MOINES, IA 503920306 US

FEI Number: 22-1713309 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete Title: DVPS (X) Change ( ) Addition

HOFFMAN, JOYCE N HOFFMAN, JOYCE N Name: Name: 711 HIGH STREET 711 HIGH STREET Address: Address:

City-St-Zip: DES MOINES, IA 50392 US City-St-Zip: DES MOINES, IA 50392 US

( ) Delete Title: DP Title: () Change () Addition Name: SHAFF, KAREN E Name:

711 HIGH STREET Address: Address: DES MOINES, IA 50392 US City-St-Zip: City-St-Zip:

Title: Title: TRFA () Delete VPT (X) Change ( ) Addition

BASSETT, CRAIG L BASSETT, CRAIG L Name: Name: 711 HIGH STREET 711 HIGH STREET Address: Address: DES MOINES, IA 50392 US DES MOINES, IA 50392 US

City-St-Zip: City-St-Zip:

Title: ACSE ( ) Delete Title: () Change () Addition

BARRY, PATRICIA A Name: Name: Address: 711 HIGH STREET Address: City-St-Zip: DES MOINES, IA 50392 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. BARRY **ACSE** 03/31/2005