

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2011
Secretary of State

Entity Name: PRINCIPAL WELLNESS COMPANY

Current Principal Place of Business:

711 HIGH STREET
DES MOINES, IA 50392

New Principal Place of Business:

Current Mailing Address:

% PAT BARRY
711 HIGH STREET
DES MOINES, IA 50392

New Mailing Address:

ATTN: SHIRLEY HOLLISTER, S-6-W84
711 HIGH STREET
DES MOINES, IA 503920306

FEI Number: 35-1852246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: SCHAAF, RENEE V
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: D
Name: MUNIR, NAIM A
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: D
Name: STRABLE-SOETHOUT, DEANNA D
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: D
Name: FARLEY, KEVIN P
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: DP
Name: DUKES, LEE
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: EVP
Name: SHAFF, KAREN E
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A BARRY

ACSE

04/19/2011

Electronic Signature of Signing Officer or Director

Date