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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

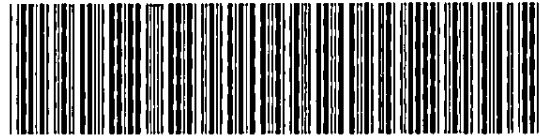
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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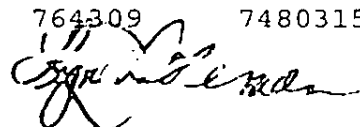
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AUG 15 2017

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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 764309 7480315  
AUTHORIZATION :   
COST LIMIT : \$ 70.00

ORDER DATE : August 11, 2017

ORDER TIME : 3:23 PM

ORDER NO. : 764309-010

CUSTOMER NO: 7480315

FOREIGN FILINGS

NAME: PRINCIPAL FINANCIAL SERVICES,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

PRINCIPAL FINANCIAL SERVICES, INC.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ASHLEY VANDERSCHOOR

\_\_\_\_\_  
Name of Person  
PRINCIPAL  
\_\_\_\_\_  
Firm/Company  
711 HIGH STREET  
\_\_\_\_\_  
Address  
DES MOINES, IA 50392  
\_\_\_\_\_  
City/State and Zip code  
HOLLISTER.SHIRLEY@PRINCIPAL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHLEY VANDERSCHOOR      515      235-5629  
\_\_\_\_\_  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

PRINCIPAL FINANCIAL SERVICES, INC.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. IOWA 3. 42-1520348  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/19/2001 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 711 HIGH STREET, DES MOINES, IA 50392  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

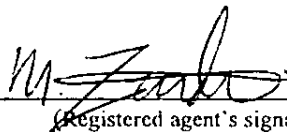
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

Melissa Zender  
Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: SEE ATTACHED \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: SEE ATTACHED \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_


Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. CATHERINE M. DREXLER, ASSISTANT CORPORATE SECRETARY  
(Typed or printed name and capacity of person signing application)

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STATE OF FLORIDA

Attachment A - Directors

Directors	Title	Address
Daniel J. Houston	Chairman	711 High Street, Des Moines, IA 50392
Betsy J. Bernard	Director	711 High Street, Des Moines, IA 50392
Jocelyn Carter-Miller	Director	711 High Street, Des Moines, IA 50392
Michael T. Dan	Director	711 High Street, Des Moines, IA 50392
Dennis H. Ferro	Director	711 High Street, Des Moines, IA 50392
C. Daniel Gelatt, Jr.	Director	711 High Street, Des Moines, IA 50392
Sandra L. Helton	Director	711 High Street, Des Moines, IA 50392
Roger C. Hochschild	Director	711 High Street, Des Moines, IA 50392
Scott M. Mills	Director	711 High Street, Des Moines, IA 50392
Blair C. Pickerell	Director	711 High Street, Des Moines, IA 50392
Elizabeth E. Tallett	Director	711 High Street, Des Moines, IA 50392

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Attachment B - Officers

Officers	Title	Address
Daniel J. Houston	Chairman/President/Chief Executive Officer	711 High Street, Des Moines, IA 50392
Karen E. Shaff	Executive Vice President/General Counsel/Secretary	711 High Street, Des Moines, IA 50392
Gina L. Graham	Vice President/Treasurer	711 High Street, Des Moines, IA 50392
Clint L. Woods	Vice President/Associate General Counsel/Governance Officer/Assistant Corporate Secretary	711 High Street, Des Moines, IA 50392
Catherine M. Drexler	Counsel/Assistant Corporate Secretary	711 High Street, Des Moines, IA 50392

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CL  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

IOWA SECRETARY OF STATE  
PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 8/14/2017

Name: PRINCIPAL FINANCIAL SERVICES, INC. (490 DP - 252268)

Date of Incorporation: 4/19/2001

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

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FILED  
STATE OF IOWA

Certificate ID: CS138639

To validate certificates visit:  
[iowa.gov/ValidateCertificate](http://iowa.gov/ValidateCertificate)

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State