

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003069 (2)

1. Corporation Name

PRINCIPAL PORTFOLIO SERVICES, INC.



Principal Place of Business 711 HIGH STREET C/O CREIGHTON, LAW DEPT. DES MOINES IA 50392-0300 US	Mailing Address 711 HIGH STREET C/O BETTY CREIGHTON, LAW DEPT. DES MOINES IA 50392 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/25/1993	3a. Date of Last Report 04/24/1996
4. FEI Number 42-1342202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	BOGNANNO, PAUL F
STREET ADDRESS	4423 95TH STREET
CITY-ST-ZIP	DES MOINES IA
TITLE	PD <input type="checkbox"/> DELETE
NAME	PARKER, MICHAEL L
STREET ADDRESS	22642 SWEET MEADOW
CITY-ST-ZIP	MISSION VIEJO CA
TITLE	D <input type="checkbox"/> DELETE
NAME	CATALFO, CHARLOTTE I
STREET ADDRESS	1306 NW GREENWOOD
CITY-ST-ZIP	ANKENY IA 50021
TITLE	VS <input type="checkbox"/> DELETE
NAME	HOFFMAN, JOYCE N
STREET ADDRESS	5834 PLEASANT DRIVE
CITY-ST-ZIP	DES MOINES IA 50312
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	WISGERHOF, JERRY G
STREET ADDRESS	7113 TWANA DRIVE
CITY-ST-ZIP	URBANDALE IA 50322
TITLE	AS <input type="checkbox"/> DELETE
NAME	BRICKER, MARY L
STREET ADDRESS	920 - 29TH STREET
CITY-ST-ZIP	DES MOINES IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	711 High Street
1.4 CITY-ST-ZIP	Des Moines, IA 50392
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	711 High Street
2.4 CITY-ST-ZIP	Des Moines, IA 50392
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	711 High Street
3.4 CITY-ST-ZIP	Des Moines, IA 50392
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	711 High Street
4.4 CITY-ST-ZIP	Des Moines, IA 50392
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	Bassett, Craig L.
5.4 CITY-ST-ZIP	711 High Street
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	711 High Street
6.4 CITY-ST-ZIP	Des Moines, IA 50392 (See attachment A)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

4/22/97

515-247-5111

CR2E034 (9/96)