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Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90056 022 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003069

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 50392-0300  
US

2. Principal Place of Business

21 711 High Street

Suite, Apt. #, etc.

22 C/O Deb Kerns, Law

City & State

23 Des Moines, IA

Zip

24 50392-0300

Country

25 USA

2a. Mailing Address

26 711 High Street

Suite, Apt. #, etc.

27 C/O Deb Kerns, Law

City & State

28 Des Moines, IA

Zip

29 50392-0300

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/25/1993

4. FEI Number

42-1342202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME BOGNANNO, PAUL F

STREET ADDRESS 711 HIGH ST

CITY-ST-ZIP DES MOINES IA

CITY-ST-ZIP DES MOINES IA

TITLE ☒ DELETE

NAME PARKER, MICHAEL E

STREET ADDRESS 711 HIGH ST

CITY-ST-ZIP DES MOINES IA

CITY-ST-ZIP DES MOINES IA

TITLE ☐ DELETE

NAME CATALFO, CHARLOTTE I

STREET ADDRESS 711 HIGH ST

CITY-ST-ZIP DES MOINES IA

CITY-ST-ZIP DES MOINES IA

TITLE ☐ DELETE

NAME HOFFMAN, JOYCE N

STREET ADDRESS 711 HIGHST

CITY-ST-ZIP DES MOINES IA

CITY-ST-ZIP DES MOINES IA

TITLE ☐ DELETE

NAME BASSETT, CRAIG L

STREET ADDRESS 711 HIGH ST

CITY-ST-ZIP DES MOINES IA

CITY-ST-ZIP DES MOINES IA

TITLE ☐ DELETE

NAME BRICKER, MARY L

STREET ADDRESS 711 HIGH ST

CITY-ST-ZIP DES MOINES IA

CITY-ST-ZIP DES MOINES IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY L BRICKER

Date

Daytime Phone #

1/13/99

515-247-5111

CR2E034 (11/98)

0265128