FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005777 (7)**

1. Corporation Name
NORWEST FUNDING II, INC.

Principal Place of Business	Mailing Address
405 SW 5TH ST., UNIT 5874 DES MOINES IA 50309	405 SW 5TH ST., UNIT 5874 DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/08/1994
3a. Date of Last Report: Initial Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 41-1531749	☐ Applied For ☐ Not Applicable
21 60 So. 6th Street	26		
Suite, Apt. #, etc. 22 Suite 3120	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Minneapolis, MN	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 55402 25 US	Zip / Country 29 30	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	V/D	☒ Change ☐ Addition
NAME	FARIS, MARK E	12 NAME	Faris, Mark E.	
STREET ADDRESS	3601 MINNESOTA DR., STE. 200	13 STREET ADDRESS	3601 Minnesota Dr., Ste. 200	
CITY-ST-ZIP	BLOOMINGTON MN 55435	14 CITY-ST-ZIP	Bloomington, MN 55435	
TITLE	VS	21 TITLE		☐ Change ☐ Addition
NAME	MORRISON, STEPHEN D	22 NAME		
STREET ADDRESS	405 SW FIFTH ST.	23 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309	24 CITY-ST-ZIP		
TITLE	VCFO	31 TITLE		☐ Change ☐ Addition
NAME	JONES, ALTA J	32 NAME		
STREET ADDRESS	405 SW FIFTH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309	34 CITY-ST-ZIP		
TITLE	VM	41 TITLE		☐ Change ☐ Addition
NAME	LOVING, JAMES	42 NAME		
STREET ADDRESS	3601 MINNESOTA DR., STE. 200	43 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON MN 55435	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	P	☒ Change ☐ Addition
NAME	WEBER, DON	52 NAME	Laura Schulte	
STREET ADDRESS	3601 MINNESOTA DR., STE. 200	53 STREET ADDRESS	3601 Minnesota Drive	
CITY-ST-ZIP	BLOOMINGTON MN 55435	54 CITY-ST-ZIP	Bloomington, MN 55435	
TITLE	D	61 TITLE	V	☒ Change ☐ Addition
NAME	SEGERSIN, DANIEL T	62 NAME	J. Daniel Vandermark	
STREET ADDRESS	3601 MINNESOTA DR., STE. 200	63 STREET ADDRESS	6th & Marquette	
CITY-ST-ZIP	BLOOMINGTON MN 55435	64 CITY-ST-ZIP	Minneapolis, MN 55402	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Alta A. Jones, Sr. Vice Pres. & CFO 4/19/95 515/237-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477843 FP