

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000005777 (7)

1. Corporation Name
NORWEST FUNDING II, INC.

Principal Place of Business

Mailing Address

405 SW 5TH ST
MS122481
DES MOINES IA 50328
US

405 SW 5TH ST
MS122481
DES MOINES IA 50328
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1994

4. FEI Number

41-1531749

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PTD
CHAPMAN, ROBERT
405 SW 5TH ST, MS122473
DES MOINES IA

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VS
MORRISON, STEPHEN D
405 SW 5TH ST, MS122457
DES MOINES IA

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V
ANTOINE, ROBERT
405 SW 2TH ST
DES MOINES IA

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

VM
LOVING, JAMES
3601 MINNESOTA DR., STE. 200
BLOOMINGTON MN 55435

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V
TONTI, JUDITH K
405 SW 5TH ST, MS122481
DES MOINES IA

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

VT
Des Moines, IA 50328

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☒ Change ☐ Addition

VS
James Strother
Des Moines, IA 50328

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☒ Change ☐ Addition

PD
Patrick Sheehy
405 S.W. 5th St., MS122481
Des Moines, IA 50328

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

Steven D. McClelland
50328

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☒ Change ☐ Addition

Steven D. McClelland
50328

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

CR2E034 (10/97)