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C T CORIORATION SYSTEM	7		
Requestor's Name			
660 East: Jeffarson Street Address			
Tallahassee, Florida 323 City State Zip	Phone	40000191515574	
90	04-222-1092 ON(S) NAME	*110:00:00:11:80:1:55:57* -05/09/9601087015 *****78.75 *****78.75	
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Na	West Ventures Inc.		
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Profit NonProfit	, () Amendment	() Merger 5/2	
() Limited Liability Company Correign	() Dissolution/Withdraw	val () Mark	
() Limited Partnership	() Annual Report	() Other	
() Reinstatement	() Reservation	( ) Change of R.A.	
() Certified Copy	() Photo Copies	<u>() Fictitious Name</u>	
( ) Call When Ready ADWalk In	() Call if Problem	() After 4:30	
	() Will Wait	St Pick Up	
() Mail Out			
() Mail Out			
() Mail Out Name Availability	5 2196	PLEASE REJURN EXTRA COPY(S)	
() Mail Out	5jz196	PLEASE REJURN EXTRA COPY(S) FILE STAMPED	

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

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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:

1.	Norwest Ventures, Inc.	
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	•
2.	Minnesota 3. <u>41-1809667</u> (State or country under the law of which it is incorporated) (Fill number, if applicable)	-
4.	4/10/95 5. Perpetual (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")	
6.		DIVISIO
7.	405 SW 5th Street	김
	Des Moines, IA 50328	
8	(Corrent mailing address)	ATIONS
<b>.</b> .	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	·
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name:CT Corporation System	
	Office Address: 1200 South Pine Island Road	
	Plantation , Florida , , Signal (Zip Code)	
10.	Registered agent's acceptance: (Zip Code)	

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.

Jeffrey H. Terry, Asst. Secy. 11. 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.

Chairman:N/A	
Address:	
/ice Chairman:N/A	······································
Address:	
Director: Michael J. Keller	
Address: 405 SW 5th Street	
Des Moines, IA 50328	
Director:Stephen D_Morrison	92 <u>98</u>
ddress: 405 SW 5th Street	HIN
Des Moines, IA 50328	
B. OFFICERS (Street address only- P. O. Box NOT acceptable)	FH ON
resident: <u>Mark C Oman</u>	OF STATE 05 PORATION: FN 12: 09
Address: 405 SW 5th Street	580 580
Des Moines, IA 50328	
ice Presideut: Peter J Wissinger	
address: 405 SW 5th STreet	
Des Moines, 14 50328	
ccretary: Stephen D Morrison	
Address: 405 SW 5th Street	
Des Moines, IA 50328	
reasurer: Alta J. Jones	<u> </u>
ddress: 405 SW 5th Street	
Des Moines, IA 50328	

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

¢ 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_ Stephen D Morrison, Secretary/Director

(Typed or printed name and capacity of person signing application)

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## SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Growe, Secretary of State of Minnesota do certify that: The corporation listed below is a corporation at formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the I Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes of that corporation is governed by the chapter of Minnesota Statutes of the business as a corporation at the time this certificate is Name: Norwest Ventures, Inc.

Norwest Ventures, Inc. Date Formed: 04/10/1995 Chapter Governed By: 302A This certificate has been issued on 04/17/96.



oan anderson . Secretary of State.