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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002200 (1)

1. Corporation Name

NORWEST VENTURES, INC.

Principal Place of Business

Mailing Address

405 SW 5TH STREET
DES MOINES IA 50328

405 SW 5TH STREET
DES MOINES IA 50309-4800



2. Principal Place of Business
21 405 SW 5th Street

2a. Mailing Address
26 405 SW 5th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MS122481

27 MS122481

City & State

City & State

23

28

Zip

Country

24

25

US

Zip

Country

29

50328

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 re-installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME OMAN, MARK C
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA 50328

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Judith Tonti
1.3 STREET ADDRESS 405 SW 5th Street, MS122481
1.4 CITY-ST-ZIP Des Moines, IA 50328

TITLE V ☐ DELETE
NAME WISSINGER, PETER J
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA 50328

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

TITLE SD ☐ DELETE
NAME MORRISON, STEPHEN D
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA 50328

3.1 TITLE V/S/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 405 SW 5th Street, MS122457
3.4 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME JONES, ALTA J
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA 50328

4.1 TITLE V/T ☐ Change ☒ Addition
4.2 NAME Robert Chapman
4.3 STREET ADDRESS 405 SW 5th Street, MS122473
4.4 CITY-ST-ZIP Des Moines, IA 50328

TITLE D ☐ DELETE
NAME KELLER, MICHAEL J
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA 50328

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *[Signature]*

4/14/97

(515)221-7518

CR2E034 (9/96)