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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

405 SW 5TH ST
MS122481
DES MOINES IA 50328
US

Mailing Address

405 SW 5TH ST
MS122481
DES MOINES IA 50328
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

05/02/1996

4. FEI Number

41-1809667

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

9. Name and Address of Current Registered Agent

C T 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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

V
NAME TONTI, JUDITH
STREET ADDRESS 405 SW 5TH ST, MS122481
CITY-ST-ZIP DES MOINES IA

TITLE ☐ DELETE

P
NAME WISSINGER, PETER J
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA

TITLE ☐ DELETE

VSD
NAME MORRISON, STEPHEN D
STREET ADDRESS 405 SW 5TH ST, MS122457
CITY-ST-ZIP DES MOINES IA

TITLE ☐ DELETE

VT
NAME CHAPMAN, ROBERT
STREET ADDRESS 405 SW 5TH ST, MS122473
CITY-ST-ZIP DES MOINES IA

TITLE ☒ DELETE

D
NAME KORELL, MARK
STREET ADDRESS 405 SW 5TH STREET
CITY-ST-ZIP DES MOINES IA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME Steven D. McClelland

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

PD
2.2 NAME
2.3 STREET ADDRESS 405 S.W. 5th St., MS 122472
2.4 CITY-ST-ZIP Des Moines, IA 50238

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME James M. Strother
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Des Moines, IA 50328

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Des Moines, IA 50328

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

[Handwritten Signature]

4-16-98

(515)201-7315

CR2E034 (10/97)