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 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96007** **(2)**

1. Corporation Name

NORWEST FINANCIAL CREDIT SERVICES, INC.

200001515632
-06/16/95--01080--015
***1000.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% MANLEY C. HALL 206 EIGHTH ST DES MOINES FL 50309	% MANLEY C. HALL 206 EIGHTH ST DES MOINES FL 50309

3. Date Incorporated or Qualified: **08/18/1982**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **42-1185596** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DRUMHELLER, J. F.
250 INTERNATIONAL PARKWAY
SUITE 146
HEATHROW FL 32746

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 — (DATE) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WAGNER, STEVE R.	12 NAME	
STREET ADDRESS	206 8TH STREET	13 STREET ADDRESS	
CITY ST ZIP	DES MOINES IA	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	TORKELSON, ERIC	22 NAME	
STREET ADDRESS	206 8TH STREET	23 STREET ADDRESS	
CITY ST ZIP	DES MOINES IA	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	POETTING, GARY M.	32 NAME	
STREET ADDRESS	206 8TH ST	33 STREET ADDRESS	
CITY ST ZIP	DES MOINES IA	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	WEILAND DENISE A.	42 NAME	
STREET ADDRESS	206 8TH STREET	43 STREET ADDRESS	
CITY ST ZIP	DES MOINES IA 50309	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	KUNZ, FAYE L.	52 NAME	Tes 6/15/95
STREET ADDRESS	206 8TH STREET	53 STREET ADDRESS	
CITY ST ZIP	DES MOINES IA	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	HOLCK, DENISE J.A.	62 NAME	REMITTED BY MAY 1
STREET ADDRESS	206 8TH STREET	63 STREET ADDRESS	
CITY ST ZIP	DES MOINES IA	64 CITY ST ZIP	

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: Denise A Wieland **Denise A. Wieland, Vice President** **4/19/95** **(515) 237-7225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477836 FP