



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

FILED
May 20 1998 8:00am
Secretary of State

| | | | | | |
|---|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS | | May 20 1998 8:00am Secretary of State | |
| DOCUMENT # F96007 (2) 1. Corporation Name NORWEST FINANCIAL CREDIT SERVICES, INC. | | | | | |
| Principal Place of Business % MANLEY C. HALL 306 EIGHTH ST DES MOINES FL 50309 | | Mailing Address % MANLEY C. HALL 306 EIGHTH ST DES MOINES FL 50309 | |  DO NOT WRITE IN THIS SPACE | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/18/1982 | |
| 21 Suite, Apt. #, etc | | 26 Suite, Apt. #, etc. | | 4. FEI Number 42-1185596 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip Country | | 28 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip Country | | 29 Zip Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent DRUMHELLER, J. F. 250 INTERNATIONAL PARKWAY SUITE 148 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 _____ Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE PD <input type="checkbox"/> DELETE | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME WAGNER, STEVE R. | | | 1.2 NAME | | |
| STREET ADDRESS 206 8TH STREET | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP DES MOINES IA | | | 1.4 CITY-ST-ZIP | | |
| TITLE V <input type="checkbox"/> DELETE | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME TORKELSON, ERIC | | | 2.2 NAME | | |
| STREET ADDRESS 206 8TH STREET | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP DES MOINES IA | | | 2.4 CITY-ST-ZIP | | |
| TITLE VD <input type="checkbox"/> DELETE | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME POETTING, GARY M. | | | 3.2 NAME | | |
| STREET ADDRESS 206 8TH ST | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP DES MOINES IA | | | 3.4 CITY-ST-ZIP | | |
| TITLE VP <input type="checkbox"/> DELETE | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME WEILAND DENISE A. | | | 4.2 NAME | | |
| STREET ADDRESS 206 8TH STREET | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP DES MOINES IA 50309 | | | 4.4 CITY-ST-ZIP | | |
| TITLE SD <input type="checkbox"/> DELETE | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME KUNZ, FAYE L. | | | 5.2 NAME | | |
| STREET ADDRESS 206 8TH STREET | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP DES MOINES IA | | | 5.4 CITY-ST-ZIP | | |
| TITLE T <input checked="" type="checkbox"/> DELETE | | | 6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME HOLCK, DENISE J.A. | | | 6.2 NAME | | |
| STREET ADDRESS 206 8TH STREET | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP DES MOINES IA | | | 6.4 CITY-ST-ZIP | | |
| | | | Treasurer Matera, Michael J. 206 Eighth Street Des Moines, IA 50309 | | |

CR2E034 (10/97)

Denise A. Wieland

Vice President

April 22 1000

(515)557-7005