

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96007

1. Entity Name

NORWEST FINANCIAL CREDIT SERVICES, INC.

#3101

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90450 001 *1,200.00

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 50309-3805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1185596

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WAGNER, STEVE R.	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TORKELSON, ERIC	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POETTING, GARY M.	
STREET ADDRESS	206 8TH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEILAND DENISE A.	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KUNZ, FAYE L.	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATERA, MICHAEL J	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA 50309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald D. Vos	
STREET ADDRESS	206 Eighth Street	
CITY-ST-ZIP	Des Moines, IA 50309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/19/00

(515) 557-7502

Date

Daytime Phone #

CR2E034 (9/99)