## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000006016

City-St-Zip:

City-St-Zip:

Title:

Title:

Name:

Address:

Name: Address: SEATTLE, WA 98101

EUCHER, RALPH C

1301 SECOND AVENUE

SEATTLE, WA 98101

HOUSTON, DANIEL J

1301 SECOND AVENUE

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() Delete

Entity Name: PRINCIPAL FUNDS DISTRIBUTOR, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1301 SECOND AVENUE SEATTLE, WA 98101				1100 INVESTMENT BOULEVARD EL DORADO HILLS, CA 95762			
Current Mailing Address:				New Mailing Address:			
711 HIGH STREET ATTN: CAROL LEVINE, S-6-W86 DES MOINES, IA 503920306 US				711 HIGH STREET ATTN: SHIRLEY HOLLISTER, S-6-N10 DES MOINES, IA 503920306 US			
FEI Number: 91-1801401 FEI Number Applied For ( ) FEI Number			FEI Nur	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230						
	named entity see of Florida.	ubmits this statement for the p	ourpose c	of changing it	s registered	d office or register	red agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RAMSEY, DEBF	ENT BLVD SUITE 200		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addit RY TMENT BLVD SUITE 9 HILLS, CA 95762	
Title: Name: Address: City-St-Zip:	SVPS () HOFFMAN, JOY 1301 SECOND A SEATTLE, WA	AVENUE		Title: Name: Address: City-St-Zip:	SVPS HOFFMAN, 711 HIGH ST DES MOINE	TREET	tion
Title: Name: Address:	T () BASSETT, CRAI 1301 SECOND			Title: Name: Address:	T BASSETT, C 711 HIGH S		iion

SEATTLE, WA 98101 DES MOINES, IA 50392 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition MINARD, TIMOTHY J MINARD, TIMOTHY J Name: Name: 1301 SECOND AVENUE 711 HIGH STREET Address: Address: SEATTLE, WA 98101 DES MOINES, IA 50392 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Title:

Name:

Address:

Name:

Address:

City-St-Zip:

DES MOINES, IA 50392

DES MOINES, IA 50392

HOUSTON, DANIEL J

711 HIGH STREET

EUCHER, RALPH C

711 HIGH STREET

(X) Change ( ) Addition

(X) Change ( ) Addition

SIGNATURE: PATRICIA A BARRY ACSE 04/24/2008