

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006016

FILED
Apr 17, 2009
Secretary of State

Entity Name: PRINCIPAL FUNDS DISTRIBUTOR, INC.

Current Principal Place of Business:

1100 INVESTMENT BOULEVARD
EL DORADO HILLS, CA 95762

New Principal Place of Business:

Current Mailing Address:

711 HIGH STREET
ATTN: SHIRLEY HOLLISTER, S-6-N10
DES MOINES, IA 503920306 US

New Mailing Address:

711 HIGH STREET
ATTN: SHIRLEY HOLLISTER, S-6-W84
DES MOINES, IA 503920306 US

FEI Number: 91-1801401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUCHS, CARY
Address: 1100 INVESTMENT BLVD SUITE 200
City-St-Zip: EL DORADO HILLS, CA 95762

Title: SVPS () Delete
Name: HOFFMAN, JOYCE N
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: T () Delete
Name: BASSETT, CRAIG L
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: D () Delete
Name: EUCHER, RALPH C
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: D () Delete
Name: HOUSTON, DANIEL J
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: D () Delete
Name: MINARD, TIMOTHY J
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FUCHS, CARY
Address: 1100 INVESTMENT BLVD
City-St-Zip: EL DORADO HILLS, CA 95762

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: PATRICIA A BARRY

ACSE

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date