

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91595 038 ****50.00

DOCUMENT # M00000001729

1. Entity Name

PRINCIPAL CAPITAL FUTURES TRADING ADVISOR,
LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

711 HIGH STREET

3. Mailing Address

711 HIGH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DES MOINES, IA

City & State

DES MOINES, IA

4. FEI Number

42-1521388

Applied For

Not Applicable

Zip

50392

Country

USA

Zip

50392

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code
33324

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MMBR
PRINCIPAL CAPITAL MANAGEMENT,
711 HIGH STREET
DES MOINES, IA 50392

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LLC

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**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Joyce N. Hoffman, SR, VP &

Corporate Secretary for Member

Principal Capital Management, LLC

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)