FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90013 018 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001729

1. Entity Name
PRINCIPAL CAPITAL FUTURES TRADING ADVISOR, LLC

Principal Place of Business	Mailing Address
711 HIGH STREET DES MOINES, IA 50392-0306	711 HIGH STREET DES MOINES, IA 50392-0306

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
711 HIGH STREET (Suite, Apt. #, etc.)		711 HIGH STREET (Suite, Apt. #, etc.)	
City & State: DES MOINES, IA		City & State: DES MOINES, IA	
Zip: 50392	Country: USA	Zip: 50392	Country: USA

4. FEI Number: 42-1521388 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. ~~MANAGING~~ MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRINCIPAL CAPITAL MANAGEMENT, LLC 711 HIGH STREET DES MOINES, IA 503920306	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRINCIPAL GLOBAL INVESTORS, LLC 711 HIGH STREET DES MOINES, IA 50392	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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.

SIGNATURE: PATRICIA A. BARRY ASST. CORP. SECTY FOR MEMBER: 5-6-03 515-247-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

PRINCIPAL GLOBAL INVESTORS, LLC