

# 2000 UNIFORM BUSINESS REPORT (UBR)

0015309 AF

DOCUMENT # M98000000450

1. Entity Name  
EDWARD JONES MORTGAGE, LLC

APPROVED  
AND  
FILED

00 MAR 30 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/10*



Principal Place of Business  
100 SOUTH 5TH STREET  
MINNEAPOLIS MN 55402-1202

Mailing Address  
1 HOME CAMPUS  
~~MAC 122481~~  
DES MOINES IA 50328-0001

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
42-1472314

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
	MGRM	NORWEST VENTURES, LLC	1 HOME CAMPUS MS 122481	
			DES MOINES IA 50328-0001	
	MGRM	NORWEST MORTGAGE, INC.	1 HOME CAMPUS MS 122481	<input type="checkbox"/> Delete
			DES MOINES IA 50328-0001	
	MGRM	EDWARD D. JONES & CO., LP	12555 MANCHESTER ROAD	<input type="checkbox"/> Delete
			ST. LOUIS MO 63131	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Norwest Mortgage, Inc dba Norwest Ventures, LLC	1 Home Campus	MAC X2404-035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven D. McClelland* Steven D. McClelland 3/25/00 (515)221-7518  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)