FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14389 (1)

1. Corporation Name
NORWEST FINANCIAL, INC.

300001515623
-06/16/95--01080--015
***1000.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
206 EIGHTH STREET DES MOINES IA 50309	206 EIGHTH STREET DES MOINES IA 50309

3. Date Incorporated or Qualified: 05/08/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 42-1186565 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DRUMHELLER, J.F.
250 INTERNATIONAL PARKWAY
SUITE 146
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WOOD, DAVID C.	12 NAME	Berens, James R.	
STREET ADDRESS	206 8TH ST.	13 STREET ADDRESS	206 Eighth Street	
CITY ST ZIP	DES MOINES IA	14 CITY ST ZIP	Des Moines, Iowa 50309	
TITLE	SV	21 TITLE	SV	☒ Change ☐ Addition
NAME	COX, ROBERT H.	22 NAME	Hawks, Tammeria K.	
STREET ADDRESS	206 8TH ST.	23 STREET ADDRESS	206 Eighth Street	
CITY ST ZIP	DES MOINES IA	24 CITY ST ZIP	Des Moines, Iowa 50309	
TITLE	SVD	31 TITLE		☐ Change ☐ Addition
NAME	WINICK, ALFRED Z.	32 NAME		
STREET ADDRESS	206 8TH ST.	33 STREET ADDRESS		
CITY ST ZIP	DES MOINES IA	34 CITY ST ZIP		
TITLE	TVD	41 TITLE		☐ Change ☐ Addition
NAME	YOUNG, DENNIS E.	42 NAME		
STREET ADDRESS	206 8TH ST.	43 STREET ADDRESS		
CITY ST ZIP	DES MOINES IA	44 CITY ST ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BRINKMAN, RICHARD J.	52 NAME	Wood, David C.	
STREET ADDRESS	206 8TH ST.	53 STREET ADDRESS	206 Eighth Street	
CITY ST ZIP	DES MOINES IA	54 CITY ST ZIP	Des Moines, Iowa 50309	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	STROUP, STANLEY S.	62 NAME		
STREET ADDRESS	NORWEST CTR 6TH & MARQUE	63 STREET ADDRESS		
CITY ST ZIP	MINNEAPOLIS MN	64 CITY ST ZIP	T.S. 6/15/95	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Eric T. Torkelson, Asst. Vice President 4/19/95 (515) 237-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477850 FP