FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mailing Address

206 EIGHTH STREET

DOCUMENT # P14389

1. Corporation Name

Principal Place of Business 206 EIGHTH STREET

NORWEST FINANCIAL, INC.

1001

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90285 006 *1,200.00



DES MOINES IA 50309 DES MOINES IA 50309 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/08/1987 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 42-1186565 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible **≥**No ☐ Yes 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DRUMHELLER, J.F. Street Address (P.O. Box Number is Not Acceptable) 82 **250 INTERNATIONAL PARKWAY** SUITE 146 83 **HEATHROW FL 32746** Zip Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. **厂)(**Change Addition ☐ DELETE President/Director TITLE 1.1 TITLE BERENS, JAMES R Wood, David C. NAME 1.2 NAME 206 Eighth Street 206 8TH ST. 1.3 STREET ADDRESS STREET ADDRESS Des Moines, IA 50309 DES MOINES IA CITY-ST-ZIP 1.4 CITY-ST-ZIP Sr. VP/Secretary/Director ☐ DELETE (X) Change ☐ Addition **VPS** 2.1 TITLE TITLE MCFARLAND, PATRICIA J 2.2 NAME NAME 206 8TH ST. 2.3 STREET ADDRESS STREET ADDRES DES MOINES IA 50309 2 4 CITY-ST-ZIP CITY-ST-ZIP Sr. Vice President/Controlle A Change □ DELETE 3.1 TITLE TITLE TORKELSON, ERIC T 3.2 NAME NAME 206 EIGHTH ST 3.3 STREET ADDRESS STREET ADDRESS **DES MOINES IA 50309** 3.4. CITY-ST-ZIP CITY-ST-70P Exec. VP/Director (X) Change ☐ Addition ☐ DELETE TVD 41 TITLE Young, Dennis E. 206 Eighth Street YOUNG, DENNIS E. 4. 2 NAME NAME 206 8TH ST. 4.3 STREET ADDRESS STREET ADDRESS

14. 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 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITI F

NAME

TITLE

NAME

DES MOINES IA

WOOD, DAVID C

DES MOINES IA

STROUP, STANLEY S.

MINNEAPOLIS MN

NORWEST CTR 6TH & MARQUE

206 8TH ST.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

Eric T. Torkelson Vice Président & Controller

Des Moines, IA 50309

Matera, Michael J.

206 Eighth Street

Des Moines, IA

Treasurer

4/19/99 (<u>515</u>) <u>557</u>–<u>7502</u>

Daytime Phone #

X1 Change

CR2E034 (11/98)

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☐ Addition

☐ Addition

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