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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P39748 (9)

1. Corporation Name
PRINCIPAL RESIDENTIAL MORTGAGE, INC.



Principal Place of Business

711 HIGH STREET
%BETTY CREIGHTON, LAW DEPT
DES MOINES IA 50392-0300
US

Mailing Address

711 HIGH STREET
%BETTY CREIGHTON, LAW DEPT.
DES MOINES IA 50392-0001
US

3. Date Incorporated or Qualified
07/23/1992

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number
42-1388143

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BOGNANNO, PAUL F.
STREET ADDRESS 4423 95TH STREET
CITY-ST-ZIP DES MOINES IA ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 711 High Street
1.4 CITY-ST-ZIP Des Moines, IA 50392

TITLE VS
NAME HOFFMAN, JOYCE N
STREET ADDRESS 5834 PLEASANT DRIVE
CITY-ST-ZIP DES MOINES IA 50312 ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 711 High Street
2.4 CITY-ST-ZIP Des Moines, IA 50392

TITLE V
NAME OLSON, STEVE K.
STREET ADDRESS 5128 WELKER
CITY-ST-ZIP DES MOINES IA ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 711 High Street
3.4 CITY-ST-ZIP Des Moines, IA 50392

TITLE V
NAME MYERS, ROBERT L.
STREET ADDRESS 3000 GRAND, #1004
CITY-ST-ZIP DES MOINES IA ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 711 High Street
4.4 CITY-ST-ZIP Des Moines, IA 50392

TITLE V
NAME ROBINSON, JANICE H.
STREET ADDRESS 6915 REITE AVE.
CITY-ST-ZIP DES MOINES IA ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 711 High Street
5.4 CITY-ST-ZIP Des Moines, IA 50392

TITLE D
NAME DRURY, DAVID J
STREET ADDRESS RURAL ROUTE #1 BOX 66
CITY-ST-ZIP WAUKEE IA 50263 ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 711 High Street
6.4 CITY-ST-ZIP Des Moines, IA 50392 (see attachment A)

14. I do 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.

SIGNATURE:

Sandra B. Mortham

4/23/97

5/15/97

CR2E034 (9/96)