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Feb 23, 1999 8:00 am
Secretary of State

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05-49270

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P39748**
 1. Corporation Name
PRINCIPAL RESIDENTIAL MORTGAGE, INC.



Principal Place of Business: **741 HIGH STREET, BETTY CREIGHTON LAW DEPT, DES MOINES IA 50392-0300, IUS**

Mailing Address: **711 HIGH STREET, BETTY CREIGHTON LAW DEPT, DES MOINES IA 50392-0300, US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 711 High Street	26 711 High Street	07/23/1992	42-1388143	Not Applicable
22 clo Deborah Kerns, Law	27 clo Deborah Kerns, Law	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Des Moines, IA	28 Des Moines, IA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 50392-0300 25 USA	29 50392-0300 30 USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGNANNO, PAUL F.	1.2 NAME	
STREET ADDRESS	711 HIGH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, JOYCE N	2.2 NAME	
STREET ADDRESS	711 HIGH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, STEVE K.	3.2 NAME	
STREET ADDRESS	711 HIGH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, ROBERT L.	4.2 NAME	
STREET ADDRESS	741 HIGH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JANICE H.	5.2 NAME	AS BRICKER, MARY L.
STREET ADDRESS	711 HIGH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRURY, DAVID J	6.2 NAME	
STREET ADDRESS	711 HIGH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAUKEE IA	6.4 CITY-ST-ZIP	Des Moines, IA 50392

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.

SIGNATURE: *Mary L Bricker* **MARY L BRICKER** 1-7-99 515-247-5111
 ASSISTANT CORPORATE SECRETARY Daytime Phone #

CR2E034 (11/98)