

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39748

1. Entity Name

PRINCIPAL RESIDENTIAL MORTGAGE, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90029 011 ***150.00

Principal Place of Business

711 HIGH STREET
C/O DEBORAH KERNS. LAW
DES MOINES IA 50392-0300
US

Mailing Address

711 HIGH STREET
C/O DEBORAH KERNS. LAW
DES MOINES IA 50392-0001
US

2. Principal Place of Business

711 HIGH STREET

Suite, Apt. #, etc.

C/O CAROL LEVINE

City & State

DES MOINES, IA

Zip

50392-0300

Country

USA

3. Mailing Address

711 HIGH STREET

Suite, Apt. #, etc.

C/O CAROL LEVINE

City & State

DES MOINES, IA

Zip

50392-0300

Country

USA

A0016140



DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1388143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOGNANNO, PAUL F.	
STREET ADDRESS	711 HIGH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HOFFMAN, JOYCE N	
STREET ADDRESS	711 HIGH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLSON, STEVE K.	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BRICKER, MARY L	
STREET ADDRESS	711 HIGH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRURY, DAVID J	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA 50392	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP & SECRETARY/CL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP C. KUHN	
STREET ADDRESS	711 HIGH STREET	
CITY-ST-ZIP	DES MOINES, IA 50392	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

JOYCE N. HOFFMAN

SIGNATURE:

JOYCE N. HOFFMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UP & CORR SERV

1-13-2000

Date

515-235-1756

Daytime Phone #

CR2E034 (9/99)