

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

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

05-06-1999 90285 006 \*1,200.00

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1. Corporation Name

FIDELITY FINANCIAL MORTGAGE COMPANY

Inactive

Principal Place of Business

206 8TH STREET  
DES MOINES IA 50309

Mailing Address

206 8TH STREET  
DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1995

4. FEI Number

65-0603912

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DRUMHELLER, J.F.  
NORWEST FINANCIAL, INC.  
250 INTERNATIONAL PKWY., STE. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WAGNER, STEVE R  
STREET ADDRESS 206 EIGHTH ST  
CITY-ST-ZIP DES MOINES IA 50309 ☐ DELETE

TITLE SD  
NAME KUNZ, FAYE L  
STREET ADDRESS 206 EIGHTH ST  
CITY-ST-ZIP DES MOINES IA 50309 ☐ DELETE

TITLE VPD  
NAME POETTING, GARY M  
STREET ADDRESS 206 EIGHTH ST  
CITY-ST-ZIP DES MOINES IA 50309 ☐ DELETE

TITLE VP  
NAME WIELAND, DENISE A  
STREET ADDRESS 206 EIGHTH ST  
CITY-ST-ZIP DES MOINES IA 50309 ☐ DELETE

TITLE VP  
NAME VOS, RONALD D  
STREET ADDRESS 206 EIGHTH ST  
CITY-ST-ZIP DES MOINES IA 50309 ☐ DELETE

TITLE T  
NAME MATERA, MICHAEL J  
STREET ADDRESS 206 EIGHTH ST  
CITY-ST-ZIP DES MOINES IA 50309 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise A. Wieland  
Vice President

April 19, 1999

(515) 557-7502

Date

Daytime Phone #

CR2E034 (11/98)