

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006016

Entity Name: PRINCIPAL FUNDS DISTRIBUTOR, INC.

Current Principal Place of Business:

620 COOLIDGE DR
SUITE 300
FOLSOM, CA 956303183

FILED
Apr 26, 2017
Secretary of State
CC9064042306

Current Mailing Address:

711 HIGH STREET
ATTN: SHIRLEY HOLLISTER, G-007-S45
DES MOINES, IA 50392-0306 US

FEI Number: 91-1801401

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BROWN, JILL R
Address 620 COOLIDGE DR
 SUITE 300
City-State-Zip: FOLSOM CA 956303183

Title DIRECTOR
Name ELMING, GREGORY B
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title ASSISTANT SECRETARY
Name BARRY, PATRICIA A
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392-0306

Title CEO, DIRECTOR
Name BEER, MICHAEL J
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title SVP, DIRECTOR
Name HILL, TIMOTHY A
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title EVP/GENERAL
 COUNSEL/SECRETARY
Name SHAFF, KAREN E
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title TREASURER
Name GRAHAM, GINA L
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A BARRY

ASSISTANT SECRETARY 04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date