

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006016

**Entity Name:** PRINCIPAL FUNDS DISTRIBUTOR, INC.

**Current Principal Place of Business:**

711 HIGH STREET  
DES MOINES, IA 50392

**Current Mailing Address:**

711 HIGH STREET  
DES MOINES, IA 50392 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 CHAIRMAN, PRESIDENT, DIRECTOR  
Name BROWN, JILL R.  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title SECRETARY  
Name NASS, MITCH G.  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR  
Name BHATIA, KAMAL  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

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

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

Title DIRECTOR  
Name FRIEDRICH, AMY C.  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title VP, ASST. SECRETARY  
Name AGBE-DAVIES, CHRISTOPHER KOLE  
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:** CHRISTOPHER KOLE AGBE-DAVIES

VP, ASST. SECRETARY

04/22/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date