

**2018 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**  
**May 01, 2018**  
**Secretary of State**  
**CC9823968342**

**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            ASSISTANT SECRETARY  
Name            GALLAHER, STEPHEN G  
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: STEPHEN G GALLAHER**

**ASSISTANT SECRETARY    05/01/2018**

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

\_\_\_\_\_  
Date