

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006016

Entity Name: PRINCIPAL FUNDS DISTRIBUTOR, INC.

Current Principal Place of Business:

1100 INVESTMENT BOULEVARD
EL DORADO HILLS, CA 95762

Current Mailing Address:

711 HIGH STREET
ATTN: SHIRLEY HOLLISTER, G-031-W40
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 1100 INVESTMENT BLVD
City-State-Zip: EL DORADO HILLS CA 95762

Title TREASURER/VICE PRESIDENT
Name BUTTON, TERESA M
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

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

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

Title SVP, CFO
Name BOLLIN, TRACY W
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title SVP
Name BROWN, DAVID J
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

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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 04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SVP
Name FUCHS, CARY
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title SVP/CMO
Name MORRIS, KEVIN J
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title SVP/DISTRIBUTION AND NATIONAL
SALES MANAGER
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