

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90029 010 ***150.00

DOCUMENT # P08856

1. Entity Name

PRINCIPAL MARKETING SERVICES, INC.

Principal Place of Business

Mailing Address

711 HIGH ST.
 %BETTY CREIGHTON, LAW DEPT.
 DES MOINES IA 50392-0300
 US

711 HIGH STREET
 %BETTY CREIGHTON, LAW DEPT
 DES MOINES IA 50392-0001
 US

2. Principal Place of Business

3. Mailing Address

711 HIGH STREET

711 HIGH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O CAROL LEVINE

C/O CAROL LEVINE

City & State

City & State

DES MOINES, IDWA

DES MOINES, IDWA

Zip

Country

Zip

Country

50392-0300

USA

50392-0300

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1255850

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **V**
CREW, MELISSA D
 STREET ADDRESS **711 HIGH ST**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
BASSETT, CRAIG L
 STREET ADDRESS **711 HIGH STREET**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**VS**~~
~~**HOFFMAN, J. N.**~~
 STREET ADDRESS **711 HIGH STREET**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
MCMAHON, A. M
 STREET ADDRESS **711 HIGH ST.**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
GORDON, WILLIAM C
 STREET ADDRESS **711 HIGH ST**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME **JERALD L. BOGART**
 STREET ADDRESS **711 HIGH STREET**
 CITY-ST-ZIP **DES MOINES, IA 50392**

TITLE Delete
 NAME **V**
NARBER, GREGG R.
 STREET ADDRESS **711 HIGH ST**
 CITY-ST-ZIP **DES MOINES IA**

TITLE Change Addition
 NAME **ROBERT M. CRCHI**
 STREET ADDRESS **711 HIGH STREET**
 CITY-ST-ZIP **DES MOINES, IA 50392**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

JOYCE N. HOFFMAN

SIGNATURE:

JOYCE N. HOFFMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP & CORP. SEC'Y

1-13-2000

515-235-1756

Date

Daytime Phone #

CR2E034 (9/99)