

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17439** (1)

1. Corporation Name
PRINCIPAL FINANCIAL ADVISORS, INC.

Principal Place of Business Mailing Address
711 HIGH STREET C/O BETTY CREIGHTON, LAW DEPT. DES MOINES IA 50392-0300 US

APPROVED AND FILED
95 MAY -1 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	12/30/1987	05/01/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	22	26	27	52-1523364	Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required
21	22	26	27	<input type="checkbox"/>	<input type="checkbox"/>
2. Principal Place of Business		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
21	22	26	27	<input type="checkbox"/>	<input type="checkbox"/>
2. Principal Place of Business		2a. Mailing Address		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
21	22	26	27	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature (typed or printed name of registered agent and title if applicable) REGISTERED AGENT signature required after recording DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	R RABUSSEN, RYDOOMAS	1.1 TITLE	D Crabtree, Ray S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXXXXXXXXXXXXXXXXXX	1.2 NAME	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	1.3 STREET ADDRESS	3006 SW 30th
CITY ST ZIP	XXXXXXXXXXXX	1.4 CITY ST ZIP	Des Moines, IA 50321
TITLE	V FITZGERRELL, DANIEL J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	3515 ELM DRIVE	2.3 STREET ADDRESS	
CITY ST ZIP	URBANDALE IA	2.4 CITY ST ZIP	
TITLE	VS HOFFMAN, JOYCE N.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	5834 PLEASANT DRIVE	3.3 STREET ADDRESS	
CITY ST ZIP	DES MOINES IA	3.4 CITY ST ZIP	
TITLE	VT WISGERHOF, JERRY G.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS	7113 TWANA DRIVE	4.3 STREET ADDRESS	
CITY ST ZIP	URBANDALE IA	4.4 CITY ST ZIP	
TITLE	D BELL, JAMES R.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS	707 46TH STREET	5.3 STREET ADDRESS	
CITY ST ZIP	W. DES MOINES FL	5.4 CITY ST ZIP	
TITLE	X XXXXXXXXXXXXXXXXXXXX	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	6.3 STREET ADDRESS	See Attachment A
CITY ST ZIP	XXXXXXXXXXXX	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce N. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Joyce N. Hoffman, Vice President & Corporate Secretary

4-19-95 515/247-5111
Date Daytime Phone

P17439

8

**ATTACHMENT A
PRINCIPAL FINANCIAL ADVISORS, INC.
DIRECTORS AND OFFICERS**

DIRECTORS

<u>Name</u>	<u>Residential Address</u>
Ray S. Crabtree	3006 S. W. 30th Des Moines, IA 50321
William F. Gould	1504 73rd Street Des Moines, IA 50311
Theodore M. Hutchison	4019 Oak Forest Drive Des Moines, IA 50312
Business Address:	711 High Street Des Moines, IA 50392

OFFICERS

<u>Name/Title</u>	<u>Residential Address</u>
Larry D. Zimpleman President	1580 N.W. 107th Des Moines, IA 50322
Daniel J. Fitzgerald Vice President	3515 Elm Drive Urbandale, IA 50322
Jerry G. Wisgerhof Vice President & Treasurer	7113 Twana Drive Urbandale, IA 50322
James R. Bell Director of Compliance	707 46th Street West Des Moines, IA 50265
Patrick G. Halter Director	527 40th St., #4 Des Moines, IA 50312
James F. Sager Director	1010 School St., #23 Des Moines, IA 50309
Joyce N. Hoffman Vice President & Corporate Secretary	5834 Pleasant Drive Des Moines, IA 50312