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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P17439 (1)**
1. Corporation Name
PRINCIPAL FINANCIAL ADVISORS, INC.



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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/30/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **52-1523364**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

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 office 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABTREE, RAY S.	1.2 NAME	
STREET ADDRESS	3006 SW 30TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50321	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERRELL, DANIEL J.	2.2 NAME	
STREET ADDRESS	3515 ELM DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	URBANDALE IA	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, JOYCE N.	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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISGERHOF, JERRY G.	4.2 NAME	
STREET ADDRESS	7113 TWANA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	URBANDALE IA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, JAMES R.	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	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, WILLIAM F.	6.2 NAME	
STREET ADDRESS	1504 73RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	6.4 CITY-ST-ZIP	

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See Attachment A

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)(k), 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 4-15-96 515-247-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

Handwritten initials/signature

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Attachment A . . .
Principal Financial Advisors, Inc.
Directors and Officers

04-Apr-96

Director

Name, Social Security #, Title and Date Elected	Address		
Ray Stephens Crabtree 4/13/95 Chairman	3006 SW 30th Des Moines	IA	50321
William F. Gould 4/13/95	1504 73rd Street Des Moines	IA	50311
Theodore Murtagh Hutchison 4/13/95	4019 Oak Forest Drive Des Moines	IA	50312

Officer

Name, Social Security #, Title and Date Elected	Address		
Larry Donald Zimpleman 4/13/95 President	1580 NW 107th Des Moines	IA	50322
Daniel Jerome Fitzgerald 4/13/95 Vice President	3515 Elm Drive Urbandale	IA	50322
Joyce Nixon Hoffman 4/13/95 Vice President and Corporate Secretary	5834 Pleasant Drive Des Moines	IA	50312
Jerry Glenn Wisgerhof 4/13/95 Vice President and Treasurer	7113 Twana Drive Urbandale	IA	50322
James Richard Bell 4/13/95 Director of Compliance	707 46th Street West Des Moines	IA	50265
Mary Louise Bricker 4/13/95 Assistant Corporate Secretary	920 - 29th Street Des Moines	IA	50312
Gregory Bernard Elming 4/13/95 Controller	9760 Forest Des Moines	IA	50322
Michael Dennis Roughton 4/13/95 Counsel	904 Kellogg Ames	IA	50010
Patrick Gregory Halter 4/13/95 Director	612 SW 42nd Street Des Moines	IA	50312

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James Franklin Sager

1010 School Street, #23

4/13/95

Des Moines

IA 50309

Director

Corporation Address

711 High Street

Des Moines

IA 50392

Phone: 515-247-5111