2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17439

Entity Name: PRINCIPAL FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

711 HIGH STREET DES MOINES, IA 50392

Current Mailing Address:

711 HIGH STREET ATTN: SHIRLEY HOLLISTER, 801-7A08 DES MOINES, IA 50392-0306 US

FEI Number: 52-1523364

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED May 12, 2020 Secretary of State 4221868043CC

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

| Oncer/Director Detail : | | | | |
|-------------------------|-----------------|---------------------|-----------------|----------------------------------|
| | Title | PRESIDENT/CHAIR | Title | EVP/GENERAL COUNSEL/SECRETARY |
| | Name | WELCH, RANDY L | Name | SHAFF, KAREN E |
| | Address | 711 HIGH STREET | Address | 711 HIGH STREET |
| | City-State-Zip: | DES MOINES IA 50392 | City-State-Zip: | DES MOINES IA 50392 |
| | T '41- | | City-State-Zip. | DES MOINES IA 50392 |
| | Title | ASSISTANT SECRETARY | Title | DIRECTOR |
| | Name | WOODS, CLINT L | Name | HOOGENSEN, KARA M |
| | Address | 711 HIGH STREET | Address | 711 HIGH STREET |
| | City-State-Zip: | DES MOINES IA 50392 | City-State-Zip: | DES MOINES IA 50392 |
| | Title | DIRECTOR | | |
| | Name | MORRIS. KEVIN J | Title | TREASURER |
| | | , - | Name | GRAHAM, GINA L |
| | Address | 711 HIGH STREET | Address | 711 HIGH STREET |
| | City-State-Zip: | DES MOINES IA 50392 | City-State-Zip: | DES MOINES IA 50392 |
| | Title | DIRECTOR | | DIDEOTOD |
| | Name | JABLONSKI, TODD A | Title | DIRECTOR |
| | | 711 HIGH ST | Name | TIBBETTS, JONI L |
| | Address | | Address | 711 HIGH STREET |
| | | | | |
| | City-State-Zip: | DES MOINES IA 50392 | 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: CLINT L WOODS

ASSISTANT CORPORATE 05/12/2020 SECRETARY

Electronic Signature of Signing Officer/Director Detail