

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION - ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P17439 (1)**  
 1. Corporation Name  
**PRINCIPAL FINANCIAL ADVISORS, INC.**



Principal Place of Business <b>711 HIGH STREET C/O BETTY CREIGHTON, LAW DEPT. DES MOINES IA 50392-0300 US</b>	Mailing Address <b>711 HIGH STREET C/O BETTY CREIGHTON, LAW DEPT. DES MOINES IA 50392-0001 US</b>
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2. Principal Place of Business 21 Suite, Apt. # etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>12/30/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>52-1523364</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CRABTREE, RAY S.</b>	
STREET ADDRESS <b>3006 SW 30TH ST.</b>	
CITY - ST - ZIP <b>DES MOINES IA 50321</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>FITZGERRELL, DANIEL J.</b>	
STREET ADDRESS <b>3515 ELM DRIVE</b>	
CITY - ST - ZIP <b>URBANDALE IA</b>	
TITLE <b>VS</b>	<input type="checkbox"/> DELETE
NAME <b>HOFFMAN, JOYCE N.</b>	
STREET ADDRESS <b>5834 PLEASANT DRIVE</b>	
CITY - ST - ZIP <b>DES MOINES IA</b>	
TITLE <b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WISGERHOF, JERRY G.</b>	
STREET ADDRESS <b>7113 TWANA DRIVE</b>	
CITY - ST - ZIP <b>URBANDALE IA</b>	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE
NAME <b>BRICKER, MARY L</b>	
STREET ADDRESS <b>920-28TH ST.</b>	
CITY - ST - ZIP <b>DES MOINES IA 50312</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GOULD, WILLIAM F.</b>	
STREET ADDRESS <b>1504 73RD STREET</b>	
CITY - ST - ZIP <b>DES MOINES IA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>711 High Street</b>
1.4 CITY - ST - ZIP	<b>Des Moines, IA 50392</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>711 High Street</b>
2.4 CITY - ST - ZIP	<b>Des Moines, IA 50392</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>711 High Street</b>
3.4 CITY - ST - ZIP	<b>Des Moines, IA 50392</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>T</b>
4.3 STREET ADDRESS	<b>Bassett, Craig L.</b>
4.4 CITY - ST - ZIP	<b>711 High Street</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>711 High Street</b>
5.4 CITY - ST - ZIP	<b>Des Moines, IA 50392</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>P/D</b>
6.3 STREET ADDRESS	<b>Zimpleman, Larry D.</b>
6.4 CITY - ST - ZIP	<b>711 High Street</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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: *Joseph N. Hoffman* **REQUIRED** Date: **4/22/97** Daytime Phone #: **515/247-5111**  
 Signature and typed or printed name of signing officer or director  
**Joseph N. Hoffman, Vice President & Corporate Secretary**

CR2E034 (9/96)

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

15-Apr-97

**Director**

**Name, Title, and Date Elected**

**Ray Stephens Crabtree** 4/9/97  
Chairman

**Gregg Ross Narber** 4/9/97

**Larry Donald Zimpleman** 4/9/97

**Officer**

**Name, Title, and Date Elected**

**Larry Donald Zimpleman** 4/9/97  
President

**Daniel Jerome Fitzgerald** 4/9/97  
Vice President

**James Franklin Sager** 4/9/97  
Vice President

**Joyce Nixon Hoffman** 4/9/97  
Vice President and Corporate Secretary

**James Richard Bell** 4/9/97  
Director of Compliance

**Craig Lawrence Bassett** 4/9/97  
Treasurer

**Mary Louise Bricker** 4/9/97  
Assistant Corporate Secretary

**Gregory Bernard Elming** 4/9/97  
Controller

**Michael Dennis Roughton** 4/9/97  
Counsel

**Patrick Gregory Halter** 4/9/97  
Director

**Corporation Address/Address for all Directors and Officers**

711 High Street, Des Moines, Iowa 50392