

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90056 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17439

1. Corporation Name
PRINCIPAL FINANCIAL ADVISORS, INC.



Principal Place of Business 711 HIGH STREET C/O BETTY GREIGHTON, LAW DEPT. DES MOINES IA 50392-0300 US	Mailing Address 711 HIGH STREET C/O BETTY GREIGHTON, LAW DEPT. DES MOINES IA 50392-0300 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1987	
4. FEI Number 52-1523364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. c/o Deborah Kerns, law City & State	2a. Mailing Address 26 Suite, Apt. #, etc. c/o Deborah Kerns, law City & State
23 Zip	28 Zip
25 Country	30 Country

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

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREY, RICHARD L.	1.2 NAME	
STREET ADDRESS	711 HIGH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERRELL, DANIEL J.	2.2 NAME	James F. Sager
STREET ADDRESS	711 HIGH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, JOYCE N.	3.2 NAME	
STREET ADDRESS	711 HIGH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, CRAIG L.	4.2 NAME	
STREET ADDRESS	711 HIGH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKER, MARY L	5.2 NAME	
STREET ADDRESS	711 HIGH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMPLEMAN, LARRY D	6.2 NAME	
STREET ADDRESS	711 HIGH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	6.4 CITY-ST-ZIP	

14. 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE: Mary L. Bricker **MARY L. BRICKER** Date: 1/8/99 Daytime Phone #: (515) 247-5111

CR2E034 (11/98)