

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19699

FILED
Mar 31, 2005
Secretary of State

Entity Name: PRINCIPAL MANAGEMENT CORPORATION

Current Principal Place of Business:

711 HIGH STREET
C/O CAROL LEVINE
DES MOINES, IA 50392 US

New Principal Place of Business:

711 HIGH STREET
DES MOINES, IA 50392 US

Current Mailing Address:

711 HIGH STREET
C/O CAROL LEVINE
DES MOINES, IA 50392 US

New Mailing Address:

711 HIGH STREET
ATTN: CAROL LEVINE, S-6-W86
DES MOINES, IA 50392 US

FEI Number: 42-0948302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVPS () Delete
Name: HOFFMAN, JOYCE N
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392 US

Title: TREA () Delete
Name: BASSETT, CRAIG L
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392 US

Title: VP () Delete
Name: SAGER, JAMES F
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392 US

Title: PD () Delete
Name: EUCHER, RAPLH C
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392 US

Title: D () Delete
Name: ASCHENBRENNER, JOHN E
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: ACSE () Delete
Name: BARRY, PATRICIA A
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BASSETT, CRAIG L
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA A. BARRY

ACSE

03/31/2005

Electronic Signature of Signing Officer or Director

_____ Date