

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19699

**Entity Name:** PRINCIPAL MANAGEMENT CORPORATION

**Current Principal Place of Business:**

711 HIGH STREET  
DES MOINES, IA 50392

**Current Mailing Address:**

711 HIGH STREET  
ATTN: SHIRLEY HOLLISTER, G-007-S45  
DES MOINES, IA 50392-0306 US

**FEI Number:** 42-0948302

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title            PRESIDENT/CEO/DIRECTOR  
Name            BEER, MICHAEL J  
Address        711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title            ASSISTANT SECRETARY  
Name            BARRY, PATRICIA A  
Address        711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title            DIRECTOR/SECRETARY  
Name            SHAFF, KAREN E  
Address        711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title            SVP/DIRECTOR  
Name            BOLLIN, TRACY W  
Address        711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title            VP/TREASURER  
Name            GRAHAM, GINA L  
Address        711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title            DIRECTOR  
Name            MCCAUGHAN, JAMES P  
Address        711 HIGH STREET  
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:** PATRICIA A BARRY

**ASSISTANT SECRETARY    04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date