

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17439

1. Entity Name

PRINCIPAL FINANCIAL ADVISORS, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90033 017 \*\*\*150.00

Principal Place of Business

711 HIGH STREET  
C/O DEBRORAH KERNS  
DES MOINES IA 50392-0300  
US

Mailing Address

711 HIGH STREET  
C/O DEBRORAH KERNS  
DES MOINES IA 50392-0001  
US

2. Principal Place of Business

711 High Street

Suite, Apt. #, etc.

90 Carol Levine, Law

City & State

Des Moines, IA

Zip

50392-0300

Country

U.S.

3. Mailing Address

711 High Street

Suite, Apt. #, etc.

90 Carol Levine

City & State

Des Moines, IA

Zip

50392-0300

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1523364

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PREY, RICHARD L.	
STREET ADDRESS	711 HIGH ST	
CITY - ST - ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAGER, JAMES F	
STREET ADDRESS	711 HIGH ST	
CITY - ST - ZIP	DES MOINES IA	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HOFFMAN, JOYCE N.	
STREET ADDRESS	711 HIGH ST	
CITY - ST - ZIP	DES MOINES IA	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BASSETT, CRAIG L.	
STREET ADDRESS	711 HIGH ST	
CITY - ST - ZIP	DES MOINES IA	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BRICKER, MARY L	
STREET ADDRESS	711 HIGH ST	
CITY - ST - ZIP	DES MOINES IA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZIMPLEMAN, LARRY D	
STREET ADDRESS	711 HIGH ST	
CITY - ST - ZIP	DES MOINES IA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	See Attachment A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joyce N. Hoffman* **JOYCE N. HOFFMAN** 1-17-2000 (515) 247-5111  
Vice President and Corporate Secretary Date Daytime Phone #

CR2E034 (9/99)