



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 96715		2. Name of Corporation Wells Fargo Home Mortgage, Inc.		
3. Street Address Principal Business Office 1 Home Campus, MAC X2401-049		City Des Moines	State IA	Zip 50328-0001
4. Business Phone No. 515-213-7559		5. State of Incorporation CALIFORNIA		6. SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Island MORTGAGE LENDING AND RELATED ACTIVITIES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Peter J. Wissinger		Vice President Name Robert Scallon		
Street Address 1 Home Campus		Street Address 1 Home Campus		
City Des Moines	State IA	Zip 50328	City Des Moines	State IA
Secretary Name David Moskowitz		Treasurer Name Michael J. Heid		
Street Address 1 Home Campus		Street Address 1 Home Campus		
City Des Moines	State IA	Zip 50328	City Des Moines	State IA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Mark C. Oman		Director Name David Moskowitz		
Street Address 1 Home Campus		Street Address 1 Home Campus		
City Des Moines	State IA	Zip 50328	City Des Moines	State IA
Director Name Peter J. Wissinger		Director Name James M. Strother		
Street Address 1 Home Campus		Street Address 633 Folsom Street		
City Des Moines	State IA	Zip 50328	City San Francisco	State CA
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100 COMM NO PAR VALUE			100	Common
				No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*96715\*

File Date **FILED**  
Check No. **MAR 03 2005**  
By **23043936**  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Robert Scallon Date 2/24/05  
Print or Type Name of Officer Robert Scallon  
Title of Officer Assistant Vice President Corporate Ta



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>96715</b>		2. Name of Corporation <b>Wells Fargo Home Mortgage, Inc.</b>			
3. Street Address Principal Business Office <b>1 Home Campus, MAC X2401-049</b>			City <b>Des Moines</b>	State <b>IA</b>	Zip <b>50328</b>
4. Business Phone No. <b>515-213-7559</b>		5. State of Incorporation <b>CALIFORNIA</b>			6. SIC Code <b>6148</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>MORTGAGE LENDING AND RELATED ACTIVITIES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Peter J. Wissinger</b>			Vice President Name <b>Robert Scallon</b>		
Street Address <b>1 Home Campus</b>			Street Address <b>1 Home Campus</b>		
City <b>Des Moines</b>	State <b>IA</b>	Zip <b>50328</b>	City <b>Des Moines</b>	State <b>IA</b>	Zip <b>50328</b>
Secretary Name <b>David Moskowitz</b>			Treasurer Name <b>Michael J. Heid</b>		
Street Address <b>1 Home Campus</b>			Street Address <b>1 Home Campus</b>		
City <b>Des Moines</b>	State <b>IA</b>	Zip <b>50328</b>	City <b>Des Moines</b>	State <b>IA</b>	Zip <b>50328</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Mark C. Oman</b>			Director Name <b>David L. Moskowitz</b>		
Street Address <b>1 Home Campus</b>			Street Address <b>1 Home Campus</b>		
City <b>Des Moines</b>	State <b>IA</b>	Zip <b>50328</b>	City <b>Des Moines</b>	State <b>IA</b>	Zip <b>50328</b>
Director Name <b>Peter J. Wissinger</b>			Director Name <b>James M. Strother</b>		
Street Address <b>1 Home Campus</b>			Street Address <b>633 Folsom Street</b>		
City <b>Des Moines</b>	State <b>IA</b>	Zip <b>50328</b>	City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94107</b>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares		Class/Series	Par Value		
<b>100 COMM NO PAR VALUE</b>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 6 7 1 5 \*

File Date	<b>3.8.04</b>
Check No.	<b>22118069</b>
By:	<b>ILP</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Robert Scallon** **2/23/04**  
Signature of Officer Date  
**Robert Scallon**  
Print or Type Name of Officer  
**Assistant Vice President Corp Tax**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

96715

Wells Fargo Home Mortgage, Inc.

3. Street Address Principal Business Office

1 Home Campus, MAC X2401-049

City

Des Moines

State

IA

Zip

50328-0001

4. Business Phone No.

515-213-7559

5. State of Incorporation

CALIFORNIA

6. SIC Code

6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Banking

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Peter J. Wissinger

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Secretary Name

David L. Moskowitz

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Vice President Name

Robert Scallon

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Treasurer Name

Michael J. Heid

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Mark C. Oman

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Director Name

David L. Moskowitz

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Director Name

Peter J. Wissinger

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Director Name

Stanley S. Stroup

Street Address

633 Folsom Street

City

San Francisco

State

CA

Zip

94107

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 COMM NO PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 6 7 1 5 \*

File Date: 3-3-03

Check No.: 14055

By: UP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert Scallon 2/28/03  
Signature of Officer Date

Robert Scallon  
Print or Type Name of Officer

Assistant Vice President Corp Tax  
Title of Officer

Form 630 12/02



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

96715

Wells Fargo Home Mortgage, Inc.

3. Street Address Principal Business Office

1 Home Campus, MAC X2401-049

City

Des Moines

State

IA

Zip

50328-0001

4. Business Phone No.

515-213-7559

5. State of Incorporation

CALIFORNIA

6. SIC Code

6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Banking

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Peter J. Wissinger

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Vice President Name

Steven D. McClelland

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Secretary Name

David L. Moskowitz

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Treasurer Name

Michael J. Heid

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Mark C. Oman

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Director Name

David L. Moskowitz

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Director Name

Peter J. Wissinger

Street Address

1 Home Campus

City

Des Moines

State

IA

Zip

50328

Director Name

Stanley S. Stroup

Street Address

633 Folsom Street

City

San Francisco

State

CA

Zip

94107

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 6 7 1 5 \*

File Date: 2/26/02

Check No.: 20981661

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/20/02  
Signature of Officer Date

Steven D. McClelland  
Print or Type Name of Officer

Vice President Corporate Tax  
Title of Officer

5

Form 630 12/01 23



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96715 2. Name of Corporation Wells Fargo Home Mortgage, Inc.  
3. Street Address Principal Business Office 1 Home Campus, MAC X2401-049 City Des Moines State IA Zip 50328  
4. Business Phone No. 515-213-7518 5. State of Incorporation California 6. SIC Code 6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Banking

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name	Vice President Name
Peter J. Wissinger	Steven D. McClelland
Street Address	Street Address
1 Home Campus	1 Home Campus
City	City
Des Moines	Des Moines
State	State
IA	IA
Zip	Zip
50328	50328
Secretary Name	Treasurer Name
James M. Strother	Geoffrey H. Dreyer
Street Address	Street Address
1 Home Campus	1 Home Campus
City	City
Des Moines	Des Moines
State	State
IA	IA
Zip	Zip
50328	50328

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	Director Name
Peter J. Wissinger	Mark C. Oman
Street Address	Street Address
1 Home Campus	1 Home Campus
City	City
Des Moines	Des Moines
State	State
IA	IA
Zip	Zip
50328	50328
Director Name	Director Name
Stanley S. Stroup	James M. Strother
Street Address	Street Address
633 Folsom Street	1 Home Campus
City	City
San Francisco	Des Moines
State	State
CA	IA
Zip	Zip
94107	50328

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	NO Par

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3/5

Check No.: 20116966

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/26/01  
Signature of Officer Date

Steven D. McClelland

Print or Type Name of Officer

Vice President Corporate Tax

Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
96715	Norwest Mortgage, Inc.			
3. Street Address Principal Business Office	City	State	Zip	
1 Home Campus MAC X2404-035	Des Moines	IA	50328	
4. Business Phone No.	5. State of Incorporation		6. SIC Code	
515-221-7518	California		6148	

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Banking

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

<b>President Name</b>	<b>Vice President Name</b>
Mark C. Oman	Steven D. McClelland
<b>Street Address</b>	<b>Street Address</b>
1 Home Campus	1 Home Campus
<b>City</b>	<b>City</b>
Des Moines	Des Moines
<b>State</b>	<b>State</b>
IA	IA
<b>Zip</b>	<b>Zip</b>
50328	50328
<b>Secretary Name</b>	<b>Treasurer Name</b>
James M. Strother	Robert K. Chapman
<b>Street Address</b>	<b>Street Address</b>
1 Home Campus	1 Home Campus
<b>City</b>	<b>City</b>
Des Moines	Des Moines
<b>State</b>	<b>State</b>
IA	IA
<b>Zip</b>	<b>Zip</b>
50328	50328

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

<b>Director Name</b>	<b>Director Name</b>
Mark C. Oman	Peter J. Wissinger
<b>Street Address</b>	<b>Street Address</b>
1 Home Campus	1 Home Campus
<b>City</b>	<b>City</b>
Des Moines	Des Moines
<b>State</b>	<b>State</b>
IA	IA
<b>Zip</b>	<b>Zip</b>
50328	50328
<b>Director Name</b>	<b>Director Name</b>
Stanley S. Stroup	James M. Strother
<b>Street Address</b>	<b>Street Address</b>
633 Flosom Street	1 Home Campus
<b>City</b>	<b>City</b>
San Francisco	Des Moines
<b>State</b>	<b>State</b>
CA	IA
<b>Zip</b>	<b>Zip</b>
94107	50328

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No Par

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 12-23-99

Check No.: 680612

By: AMF

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Steven D. McClelland 12-16-99  
Signature of Officer Date

Steven D. McClelland  
Print or Type Name of Officer

Vice President Corporate Tax  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.		2. Name of Corporation			
96715		Norwest Mortgage, Inc.			
3. Street Address Principal Business Office		City	State	Zip	
1 Home Campus MS 122481		Des Moines	IA	50328-0001	
4. Business Phone No.	5. State of Incorporation		6. SIC Code		
515-221-7518	CALIFORNIA		6148		
7. Brief Description of the Character of Business Conducted in Rhode Island					
Mortgage Banking					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name		Vice President Name			
Mark C. Oman		Steven D. McClelland			
Street Address		Street Address			
1 Home Campus, MS 122482		1 Home Campus, MS 122481			
City	State	Zip	City	State	Zip
Des Moines	IA	50328-0001	Des Moines	IA	50328-0001
Secretary Name		Treasurer Name			
James M. Strother		Robert K. Chapman			
Street Address		Street Address			
1 Home Campus, MS 122457		1 Home Campus, MS 122473			
City	State	Zip	City	State	Zip
Des Moines	IA	50328-0001	Des Moines	IA	50328-0001
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Mark C. Oman		Peter J. Wissinger			
Street Address		Street Address			
1 Home Campus, MS 122482		1 Home Campus, MS 122473			
City	State	Zip	City	State	Zip
Des Moines	IA	50328-0001	Des Moines	IA	50328-0001
Director Name		Director Name			
Stanley S. Stroup		James M. Strother			
Street Address		Street Address			
633 Flosom St. MS 01490		1 Home Campus, MS 122457			
City	State	Zip	City	State	Zip
San Francisco	CA	94107	Des Moines	IA	50328-0001
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			100	Common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 6 7 1 5 \*

File Date: Mar 22, 99

Check No.: 325343

By: JD

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Steven D. McClelland 2/24/99  
Signature of Officer Date

Steven D. McClelland  
Print or Type Name of Officer

Vice President Corporate Tax  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96715 2. Name of Corporation Norwest Mortgage, Inc.  
3. Street Address Principal Business Office 1500 Pontiac Ave. City Cranston State RI Zip 02920  
4. Business Phone No. (515)221-7518 5. State of Incorporation CA 6. SIC Code 6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Banking

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Mark C. Orian

Street Address

One Home Campus, MS 122482

City Des Moines State IA Zip 50328-0001

Secretary Name

James M. Strother

Street Address

One Home Campus, MS 122457

City Des Moines State IA Zip 50328-0001

Vice President Name

Steven D. McClelland

Street Address

One Home Campus, MS 122481

City Des Moines State IA Zip 50328-0001

Treasurer Name

Robert K. Chapman

Street Address

One Home Campus, MS 122473

City Des Moines State IA Zip 50328-0001

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Mark C. Orian

Street Address

One Home Campus, MS 122482

City Des Moines State IA Zip 50328-0001

Director Name

Stanley S. Stroop

Street Address

One Home Campus, MS 122481

City Des Moines State IA Zip 50328-0001

Director Name

James M. Stotther

Street Address

One Home Campus, MS 122457

City Des Moines State IA Zip 50328-0001

Director Name

Peter J. Wissinger

Street Address

One Home Campus, MS 122472

City Des Moines State IA Zip 50328-0001

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common A</u>	<u>No Par</u>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common A</u>	<u>No Par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date: SEP 21 1998

Check No.: By CE 125537

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Steven D. McClelland 6/19/98  
Signature of Officer Date

Steven D. McClelland  
Print or Type Name of Officer

Vice President, Corporate Tax  
Title of Officer