

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212502875

1.) CORPORATION NAME:

Principal Funds Distributor, Inc.

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

SCC ID NO: **F1372236**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 INVESTMENT BLVD

CITY/ST/ZIP: EL DORADO HILLS, CA 95762-5710

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JILL R BROWN			
TITLE:	PRESIDENT			
ADDRESS:	1100 INVESTMENT BLVD			
CITY/ST/ZIP/CO:	ELDORADO HILLS, CA 95762-5710			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DAVID J BROWN			
TITLE:	VICE PRESIDENT			
ADDRESS:	1100 INVESTMENT BLVD			
CITY/ST/ZIP/CO:	ELDORADO HILLS, CA 95762-5710			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	CARY FUCHS			
TITLE:	VICE PRESIDENT			
ADDRESS:	1100 INVESTMENT BLVD			
CITY/ST/ZIP/CO:	ELDORADO HILLS, CA 95762-5710			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ERIC W HAYS			
TITLE:	VICE PRESIDENT			
ADDRESS:	1100 INVESTMENT BLVD			
CITY/ST/ZIP/CO:	ELDORADO HILLS, CA 95762-5710			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JOYCE N HOFFMAN			
TITLE:	SECRETARY			
ADDRESS:	1100 INVESTMENT BLVD			
CITY/ST/ZIP/CO:	ELDORADO HILLS, CA 95762-5710			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN J MORRIS VICE PRESIDENT 1100 INVESTMENT BLVD ELDORADO HILLS, CA 95762-5710	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L REICHART VICE PRESIDENT 1100 INVESTMENT BLVD ELDORADO HILLS, CA 95762-5710	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D ROUGHTON VICE PRESIDENT 1100 INVESTMENT BLVD ELDORADO HILLS, CA 95762-5710	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERESA M BUTTON TREASURER 1100 INVESTMENT BLVD ELDORADO HILLS, CA 95762-5710	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY A HILL VICE PRESIDENT 1100 INVESTMENT BLVD ELDORADO HILLS, CA 95762-5710	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A STARK VICE PRESIDENT 1100 INVESTMENT BLVD ELDORADO HILLS, CA 95762-5710	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA A BARRY ASST SECRETARY 1100 INVESTMENT BLVD ELDORADO HILLS, CA 95762-5710	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORA M EVERETT DIRECTOR 1100 INVESTMENT BLVD ELDORADO HILLS, CA 95762-5710	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH C EUCHER DIRECTOR 1100 INVESTMENT BLVD ELDORADO HILLS, CA 95762-5710	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY J MINARD DIRECTOR 1100 INVESTMENT BLVD ELDORADO HILLS, CA 95762-5710	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MICHAEL J BEER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1100 INVESTMENT BLVD		
CITY/ST/ZIP/CO:	ELDORADO HILLS, CA 95762-5710		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ PATRICIA A BARRY</u>	<u>PATRICIA A BARRY, ASST</u>	<u>1/20/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.