

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001462

**Entity Name:** U.S. BANCORP COMMUNITY INVESTMENT CORPORATION

**Current Principal Place of Business:**

800 NICOLLET MALL  
MINNEAPOLIS, MN 55402

**Current Mailing Address:**

800 NICOLLET MALL  
MINNEAPOLIS, MN 55402

**FEI Number: 20-4209402**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PD  
Name VOWELL, ADA L  
Address 1307 WASHINGTON AVE STE 300  
City-State-Zip: ST LOUIS MO 63103

Title CFO  
Name SAHAY, AMRESH  
Address 1307 WASHINGTON AVE STE 300  
City-State-Zip: ST LOUIS MO 63103

Title DCEO  
Name BOYERS, ZACHARY M  
Address 1307 WASHINGTON AVE STE 300  
City-State-Zip: ST LOUIS MO 63103

Title S  
Name MAISER, ELIZABETH E  
Address 800 NICOLLET MALL  
City-State-Zip: MINNEAPOLIS MN 55402

Title AS  
Name BARBER, NATASHA M  
Address 800 NICOLLET MALL  
City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR  
Name RAJPUROHUT, SUNIL  
Address 800 NICOLLET MALL  
City-State-Zip: MINNEAPOLIS MN 55402

*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: NATASHA BARBER**

**ASSISTANT SECRETARY 04/28/2023**

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

\_\_\_\_\_  
Date