

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **838910** (8)

1. Corporation Name
PIPER JAFFRAY INC.



Principal Place of Business: **222 S 9TH ST PO BOX 28 MINNEAPOLIS MN 55440**
Mailing Address: **222 S 9TH ST PO BOX 28 MINNEAPOLIS MN 55440**

3. Date Incorporated or Qualified: **08/09/1977**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **41-0953246**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
City & State: 28
Zip: 24, 25 Country: 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required on certificate.)

12. OFFICERS AND DIRECTORS

TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	STREAM, RICHARD J.	
STREET ADDRESS	222 S 9TH ST	
CITY - ST - ZIP	MINNEAPOLIS, MN 00000	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	ROESLER, DEBORAH K.	
STREET ADDRESS	222 S 9TH ST	
CITY - ST - ZIP	MINNEAPOLIS, MN 00000	
TITLE	SM	<input type="checkbox"/> DELETE
NAME	ROSEDAHL, DAVID E.	
STREET ADDRESS	222 S 9TH ST	
CITY - ST - ZIP	MINNEAPOLIS, MN 00000	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	CROSBY, DAVID P.	
STREET ADDRESS	222 S 9TH ST.	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROESLER, DEBORAH K.	
STREET ADDRESS	222 S 9TH ST.	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, WILLIAM H	
STREET ADDRESS	222 S 9TH ST	
CITY - ST - ZIP	MINNEAPOLIS, MN 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Addison L. Piper	
1.3 STREET ADDRESS	222 S 9th St	
1.4 CITY - ST - ZIP	Minneapolis, MN 55402	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathleen K. Henderson	
4.3 STREET ADDRESS	222 S 9th St	
4.4 CITY - ST - ZIP	Minneapolis MN 55402	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ANDREW S. DUFF	
6.3 STREET ADDRESS	222 S 9th St	
6.4 CITY - ST - ZIP	MINNEAPOLIS, MN 55402	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathleen K. Henderson* **Kathleen K. Henderson** 3/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day, Month, Year)

CRE034 (12/95)