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Apr 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 838910

1. Corporation Name
U.S. BANCORP 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-0953246	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	Chairman & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPER, ADDIOSN L	1.2 NAME	
STREET ADDRESS	222 S 9TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROESLER, DEBORAH K.	2.2 NAME	
STREET ADDRESS	222 S 9TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	2.4 CITY-ST-ZIP	
TITLE	SM <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary & Managing Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEDAHL, DAVID E.	3.2 NAME	Richard T. Chase
STREET ADDRESS	222 S 9TH ST	3.3 STREET ADDRESS	222 S. Ninth Street
CITY-ST-ZIP	MINNEAPOLIS MN 55402	3.4 CITY-ST-ZIP	Minneapolis, MN 55402
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, TIMOTHY	4.2 NAME	
STREET ADDRESS	222 S 9TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFF, ANDREW S	5.2 NAME	
STREET ADDRESS	222 S 9TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	James L. Chosy
STREET ADDRESS		6.3 STREET ADDRESS	601 Second Ave. S.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Minneapolis, MN 55402

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: James L. Chosy **SIGNATURE REQUIRED** James L. Chosy, Ass't Sec'y 3/31/99 612/973-0359
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)