

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90451 035 ***150.00

DOCUMENT # 838910

1. Entity Name

U.S. BANCORP PIPER JAFFRAY INC.

Principal Place of Business

Mailing Address

222 S 9TH ST
 PO BOX 28
 MINNEAPOLIS MN 55440

222 S 9TH ST
 PO BOX 28
 MINNEAPOLIS MN 55440-0028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-0953246

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	PIPER, ADDIOSN L	
STREET ADDRESS	222 S 9TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROESLER, DEBORAH K.	
STREET ADDRESS	222 S 9TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	SMD	<input type="checkbox"/> Delete
NAME	CHASE, RICHARD T	
STREET ADDRESS	222 S 9TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, TIMOTHY	
STREET ADDRESS	222 S 9TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUFF, ANDREW S	
STREET ADDRESS	222 S 9TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHOSY, JAMES L	
STREET ADDRESS	601 2ND AVE. S	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan G. Weinberg	
STREET ADDRESS	800 Nicollet Mall, Suite 800	
CITY-ST-ZIP	Minneapolis, MN 55402-7020	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard T. Chase	
STREET ADDRESS	222 S 9th Street	
CITY-ST-ZIP	Minneapolis, MN 55402	
TITLE	Director & Managing Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas E. Stanberry	
STREET ADDRESS	222 S 9th Street	
CITY-ST-ZIP	Minneapolis, MN 55402	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

4/27/00

Date

612/973-0358

Daytime Phone #

CR2E034 (9/99)