

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838910

FILED  
Mar 17, 2004  
Secretary of State

Entity Name: PIPER JAFFRAY & CO.

**Current Principal Place of Business:**

800 NICOLLET MALL  
SUITE 800  
MINNEAPOLIS, MN 55402

**New Principal Place of Business:**

**Current Mailing Address:**

800 NICOLLET MALL  
SUITE 800  
MINNEAPOLIS, MN 55402

**New Mailing Address:**

800 NICOLLET MALL - ATTN: PATRICE BLAESER  
SUITE 800 - MAIL CODE J09N02  
MINNEAPOLIS, MN 55402

FEI Number: 41-0953246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: PIPER, ADDIOSN L  
Address: 800 NICHOLLET MALL  
City-St-Zip: MINNEAPOLIS, MN 554027020

Title: PDCE ( ) Delete  
Name: DUFF, ANDREW S  
Address: 800 NICHOLLET MALL  
City-St-Zip: MINNEAPOLIS, MN 55402

Title: D ( ) Delete  
Name: SCHNETTLER, THOMAS P  
Address: 800 NICHOLLET MALL  
City-St-Zip: MINNEAPOLIS, MN 55402

Title: D ( ) Delete  
Name: NORDSTRAND, BARRY J  
Address: 800 NICHOLLET MALL  
City-St-Zip: MINNEAPOLIS, MN 55402

Title: GCS ( ) Delete  
Name: CHOSY, JAMES L  
Address: 800 NICHOLLET MALL  
City-St-Zip: MINNEAPOLIS, MN 55402

Title: CFOT ( ) Delete  
Name: SPONEM, SANDRA G  
Address: 800 NICHOLLET MALL  
City-St-Zip: MINNEAPOLIS, MN 554027020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PATRICE D. BLAESER, ASSISTANT SECRETARY

AS

03/17/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

PATRICE BLAESER  
800 NICOLLET MALL  
J09N02  
MINNEAPOLIS, MN 55402