

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90143 011 \*\*\*150.00

**DOCUMENT # F02000000495**

1. Entity Name  
**U.S. BANCORP ASSET MANAGEMENT, INC.**



Principal Place of Business

**800 NICOLLET MALL  
BC-MN-H041  
MINNEAPOLIS, MN 55402**

Mailing Address

**800 NICOLLET MALL  
BC-MN-H041  
MINNEAPOLIS, MN 55402**

2. Principal Place of Business

*800 Nicollet Mall*

Suite, Apt. #, etc.

3. Mailing Address

*800 Nicollet Mall*

Suite, Apt. #, etc.

*BC-MN-H05F*

03072005

Chg-P

CR2E034 (10/03)

City & State

*Minneapolis, MN*

Zip

*55402*

Country

*U.S.*

City & State

*Minneapolis, MN*

Zip

*55402*

Country

*U.S.*

4. FEI Number

**41-2003732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHREIER, THOMAS S JR	
STREET ADDRESS	800 NICOLLET MALL	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DELECKI, KENNETH L	
STREET ADDRESS	800 NICOLLET MALL	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ERTEL, RICHARD J	
STREET ADDRESS	800 NICOLLET MALL	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAHL, MARK S	
STREET ADDRESS	800 NICOLLET MALL	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBAS, JOHN J	
STREET ADDRESS	800 NICOLLET MALL	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>D / Chief Financial Officer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Joseph M. Ulrey, III</i>	
STREET ADDRESS	<i>800 Nicollet Mall</i>	
CITY-ST-ZIP	<i>Minneapolis, MN 55402</i>	
TITLE	<i>T</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Charles D. Gariboldi</i>	
STREET ADDRESS	<i>800 Nicollet Mall</i>	
CITY-ST-ZIP	<i>Minneapolis, MN 55402</i>	
TITLE	<i>S/D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Charles R. Manzoni, Jr.</i>	
STREET ADDRESS	<i>800 Nicollet Mall</i>	
CITY-ST-ZIP	<i>Minneapolis, MN 55402</i>	
TITLE	<i>Chief Compliance Officer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>David H. Lui</i>	
STREET ADDRESS	<i>800 Nicollet Mall</i>	
CITY-ST-ZIP	<i>Minneapolis, MN 55402</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles R. Manzoni, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Charles R. Manzoni, Jr., General Counsel & Secretary*

*3/29/05*  
Date

*612-303-4241*  
Daytime Phone #