

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002098

Entity Name: U.S. BANCORP INVESTMENTS, INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

60 LIVINGSTON AVENUE
ST. PAUL, MN 55107

New Principal Place of Business:

Current Mailing Address:

800 NICOLLET MALL
21ST FLOOR
MINNEAPOLIS, MN 554027020

New Mailing Address:

FEI Number: 41-1233380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: D () Delete
Name: JACOBSMEYER, CAROL J
Address: 7TH & WASHINGTON STREETS
City-St-Zip: SAINT LOUIS, MO 63101

Title: D () Delete
Name: MCCORMACK, DANIEL J
Address: 809 SOUTH 60TH STREET, SUITE 205
City-St-Zip: WEST ALLIS, WI 53214

Title: S () Delete
Name: VAN HORN, GAIL
Address: 800 NICOLLET MALL
City-St-Zip: MINNEAPOLIS, MN 55402

Title: T () Delete
Name: TRUEMAN, DANIEL J
Address: 7TH AND WASHINGTON STREETS
City-St-Zip: ST. LOUIS, MO 63101

Title: VP () Delete
Name: ODEGAARD, KATHLEEN R
Address: 60 LIVINGSTON AVENUE
City-St-Zip: ST. PAUL, MN 55107

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARA SEELEY

OFF

01/09/2008

Electronic Signature of Signing Officer or Director

Date