# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# F03000002098

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

**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: | T | (X) Change ( ) Addition |
| Name: | BENJAMIN, WILLIAM J | |
| Address: | 800 NICOLLET MALL | |
| City-St-Zip: | MINNEAPOLIS, MN 55402 | |
| 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: GAIL VAN HORN S 04/15/2009

Electronic Signature of Signing Officer or Director — Date