

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001282

FILED
Apr 06, 2010
Secretary of State

Entity Name: LOWRY HILL INVESTMENT ADVISORS, INC.

Current Principal Place of Business:

90 S 7TH STREET, SUITE 5300
WELLS FARGO CENTER
MINNEAPOLIS, MN 55402

New Principal Place of Business:

SIXTH AND MARQUETTE
WELLS FARGO CENTER
MINNEAPOLIS, MN 55479

Current Mailing Address:

90 S 7TH STREET
MAC# N9305-173
MINNEAPOLIS, MN 55479

New Mailing Address:

SIXTH AND MARQUETTE
WELLS FARGO CENTER
MINNEAPOLIS, MN 55479

FEI Number: 41-1558233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DCH
Name: CAMPBELL, JON R
Address: SIXTH AND MARQUETTE, WELLS FARGO CENTER
City-St-Zip: MINNEAPOLIS, MN 55479

Title: DPT
Name: STEINER, JAMES P
Address: SIXTH AND MARQUETTE, WELLS FARGO CENTER
City-St-Zip: MINNEAPOLIS, MN 55479

Title: SVP
Name: HULL, THOMAS S
Address: SIXTH AND MARQUETTE, WELLS FARGO CENTER
City-St-Zip: MINNEAPOLIS, MN 55479

Title: S
Name: KRIEGER, JULIE L
Address: SIXTH AND MARQUETTE, WELLS FARGO CENTER
City-St-Zip: MINNEAPOLIS, MN 55479

Title: CTO
Name: ANDERSON, JASON C
Address: SIXTH AND MARQUETTE, WELLS FARGO CENTER
City-St-Zip: MINNEAPOLIS, MN 55479

Title: CCO
Name: HOLMAN, ERIC S
Address: SIXTH AND MARQUETTE, WELLS FARGO CENTER
City-St-Zip: MINNEAPOLIS, MN 55479

I hereby 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 all other like empowered.

SIGNATURE: JULIE L. KRIEGER

S

04/06/2010

Electronic Signature of Signing Officer or Director

Date