APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 NOV 12 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001638

1. Corporation Name

U.S. BANCORP INVESTMENTS, INC.

Principal Place of Business	Mailing Address
800 NICOLLET MALL MINNEAPOLIS MN 55402	800 NICOLLET MALL MINNEAPOLIS MN 55402

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2003

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/23/1998

5. FEI Number: 84-1018337 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~D~~	~~DUFF, ANDREW S~~	~~800 NICOLLET MALL~~	~~MINNEAPOLIS MN 55402~~
CEOD	SHORT, STEVE	425 WALNUT STREET	CINCINNATI OH 45202
D	DAVIS, RICHARD K	425 WALNUT STREET	MINNEAPOLIS MN 55402
T D	JACOBSMEYER, CAROL	7TH & WASHINGTON STREETS	SAINT LOUIS MO 63101
VP	GALIGER, RAMONA	2751 SHEPARD ROAD	SAINT PAUL MN 55116
VPS	HIDY, RICHARD J	425 WALNUT STREET	CINCINNATI OH 45202

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (1/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Andrea Mitlyng — Andrea Mitlyng, Assistant Secretary — Date 11/7/03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 11-7-03 651-495-3083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2852

Florida Department of State

Division of Corporations
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Account Number : FCA000000023
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Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

U.S. BANCORP INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	0
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