

**2022 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M01000002143

**Entity Name:** PFM ASSET MANAGEMENT LLC

**Current Principal Place of Business:**

213 MARKET STREET  
HARRISBURG, PA 17101

**Current Mailing Address:**

U.S. BANK  
CM-9703 PO BOX 70870  
ST. PAUL, MN 55170-9703 US

**FEI Number:** 41-2003732

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title MANAGER  
Name BRANT, LAUREN L  
Address 13010 SW 68TH PKWY  
SUITE 100  
City-State-Zip: TIGARD OR 97223

Title MANAGER  
Name MOLLOY, JOHN W  
Address 213 MARKET ST  
City-State-Zip: HARRISBURG PA 17101

Title AUTHORIZED REPRESENTATIVE  
Name BIDON, LINDA E  
Address 800 NICOLLET MALL  
City-State-Zip: MINNEAPOLIS MN 55402

Title MANAGER  
Name BREEN, KEVIN M  
Address 800 NICOLLET MALL  
City-State-Zip: MINNEAPOLIS MN 55402

Title MANAGER  
Name THOLE, ERIC J  
Address 800 NICOLLET MALL  
City-State-Zip: MINNEAPOLIS MN 55402

Title OWNER  
Name U.S. BANCORP ASSET  
MANAGEMENT, INC.  
Address 800 NICOLLET MALL  
City-State-Zip: MINNEAPOLIS MN 55402

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA E. BIDON

**ASSISTANT SECRETARY** 06/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date