2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2017
Secretary of State
CC0310330398

DOCUMENT# F03000002098

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

Current Principal Place of Business:

60 LIVINGSTON AVENUE
ST PAUL, MN 55107

Current Mailing Address:

800 NICOLLET MALL
BC-MN-H21O
MINNEAPOLIS, MN 55402

FEI Number: 41-1233380

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

Officer/Director Detail :

Title	D
Name	PHILIPSON, STEPHEN
Address	214 N TRYON STREET
City-State-Zip:	CHARLOTTE NC 28202

Title	PD
Name	CAMERANESI, KENNETH S
Address	800 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55402

Title	CFOD
Name	BUCKLEY, TRUDI M
Address	7TH & WASHINGTON ST
City-State-Zip:	ST LOUIS MO 63101

Title	DIRECTOR
Name	STUART, WILLIAM J
Address	461 FIFTH AVE 19TH FLOOR
City-State-Zip:	NEW YORK NY 10017

Title	S
Name	VAN HORN, GAIL
Address	800 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55402

Title	COOD
Name	ODEGAARD, KATHLEEN R
Address	60 LIVINGSTON AVE
City-State-Zip:	ST PAUL MN 55107

Title	DIRECTOR
Name	O'LEARY, ANGELA A
Address	800 NICOLLET MALL BC-MN-H21O
City-State-Zip:	MINNEAPOLIS MN 55402

Title	DIRECTOR
Name	WALTER, JEFFREY A
Address	WEST 428 RIVERSIDE AVE
City-State-Zip:	SPOKANE WA 99201

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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: GAIL VAN HORN SECRETARY 02/09/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	POELL, MICHAEL F
Address	214 N TRYON STREET
City-State-Zip:	CHARLOTTE NC 28202