

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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

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

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

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

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

Title DIRECTOR
Name STEINER, STEPHEN W
Address 60 LIVINGSTON AVE
City-State-Zip: SAINT PAUL MN 55107

Continues on page 2

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****04/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WIMBUSH, KAREN H
Address	800 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55402