

1.) CORPORATION NAME:

Piper Jaffray & Co.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0382590**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 NICOLLET MALL

CITY/ST/ZIP: MINNEAPOLIS, MN 55402

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ANDREW S DUFF TITLE: PRES/CEO/CHRMN ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN W GEELAN TITLE: AST SEC ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN W GEELAN TITLE: ASST SECRETARY ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DEBBRA L SCHONEMAN TITLE: CFO ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHAD R. ABRAHAM TITLE: DIRECTOR ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK E. FAIRMAN TITLE: DIRECTOR ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ROBERT W. PETERSON TITLE: DIRECTOR ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: M. BRADLEY WINGES TITLE: DIRECTOR ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jeffrey Paul Klinefelter TITLE: DIRECTOR ADDRESS: 800 Nicollet Mall CITY/ST/ZIP/CO: Minneapolis, MN 55402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JOHN W GEELAN	JOHN W GEELAN, AST SEC	3/27/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		