

1.) CORPORATION NAME:

Piper Jaffray & Co.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0382590**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREFER	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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.

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY PAUL KLINEFELTER DIRECTOR 800 NICOLLET MALL MINNEAPOLIS, MN 55402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT W. PETERSON DIRECTOR 800 NICOLLET MALL MINNEAPOLIS, MN 55402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. BRADLEY WINGES DIRECTOR 800 NICOLLET MALL 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/ JAMES GRANT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES GRANT, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/13/2014 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.			