

1.) CORPORATION NAME:

**U.S. Bancorp Investments, Inc.**

DUE DATE: **10/31/2011**

SCC ID NO: **F1604141**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 60 LIVINGSTON AVE

CITY/ST/ZIP: ST PAUL, MN 55107-

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: WILLIAM J BENJAMIN, III  
TITLE: PRES/CEO  
ADDRESS: 800 NICOLLET MALL  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402-

OFFICER

DIRECTOR

NAME: JAMES B KELLIGREW  
TITLE: SR VP  
ADDRESS: 214 N TRYON ST  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28202-

OFFICER

DIRECTOR

NAME: DANIEL J MCCORMACK  
TITLE: SR VP  
ADDRESS: 809 S 60TH ST  
STE 205  
CITY/ST/ZIP/CO: WEST ALLIS, WI 53214-

OFFICER

DIRECTOR

NAME: ANGELA O'LEARY  
TITLE: SR VP  
ADDRESS: 800 NICOLLET MALL  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402-

OFFICER

DIRECTOR

NAME: KATHLEEN R ODEGAARD  
TITLE: SR VP  
ADDRESS: 60 LIVINGSTON AVENUE  
CITY/ST/ZIP/CO: ST PAUL, MN 55107-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J STUART SR VP 461 FIFTH AVE, 8TH FL NEW YORK, NY 10017-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL VAN HORN SECRETARY 800 NICOLLET MALL MINNEAPOLIS, MN 55402-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRUDI M BUCKLEY TREASURER 7TH & WASHINGTON ST LOUIS, MO 63101-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY A WALTER Chief Complianc WEST 428 RIVERSIDE AVE SPOKANE, WA 99201-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ GAIL VAN HORN	GAIL VAN HORN, SECRETARY	9/6/2011
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.