

1.) CORPORATION NAME:

U.S. Bancorp Investments, Inc.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1604141**

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.

<p>NAME: WILLIAM J BENJAMIN, III TITLE: PRES/CEO 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 B KELLIGREW TITLE: SR VP ADDRESS: 214 N TRYON ST CITY/ST/ZIP/CO: CHARLOTTE, NC 28202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DANIEL J MCCORMACK TITLE: SR VP ADDRESS: 809 S 60TH ST CITY/ST/ZIP/CO: WEST ALLIS, WI 53214</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANGELA O'LEARY TITLE: SR VP ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KATHLEEN R ODEGAARD TITLE: SR VP ADDRESS: 60 LIVINGSTON AVENUE CITY/ST/ZIP/CO: ST PAUL, MN 55107</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM J STUART TITLE: SR VP ADDRESS: 461 FIFTH AVE, 8TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10017</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: GAIL VAN HORN TITLE: SECRETARY ADDRESS: 800 NICOLLET MALL CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TRUDI M BUCKLEY TITLE: TREASURER ADDRESS: 7TH & WASHINGTON CITY/ST/ZIP/CO: ST LOUIS, MO 63101	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY A WALTER TITLE: CHIEF COMPLIANC ADDRESS: WEST 428 RIVERSIDE AVE CITY/ST/ZIP/CO: SPOKANE, WA 99201	<input checked="" 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/ GAIL VAN HORN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GAIL VAN HORN, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/29/2012 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.		