

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004482

FILED
Apr 19, 2010
Secretary of State

Entity Name: PNC CAPITAL MARKETS LLC

Current Principal Place of Business:

249 FIFTH AVE.
PITTSBURGH, PA 152222707

New Principal Place of Business:

249 FIFTH AVENUE
PITTSBURGH, PA 152222707 US

Current Mailing Address:

249 FIFTH AVE.
PITTSBURGH, PA 152222707

New Mailing Address:

249 FIFTH AVENUE
21ST FLOOR, ATTN: J. SALZMAN
PITTSBURGH, PA 152222707 US

FEI Number: 20-3719138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BEGLEY, TERENCE
Address: 249 FIFTH AVENUE
City-St-Zip: PITTSBURGH, PA 152222707 US

Title: MGR
Name: DERESPIRIS, BRIAN
Address: 1900 E 9TH ST
City-St-Zip: CLEVELAND, OH 44114 US

Title: MGR
Name: EVANCO, MARK
Address: 249 FIFTH AVENUE
City-St-Zip: PITTSBURGH, PA 152222707 US

Title: MGR
Name: MCLAUGHLIN, CHARLOTTE
Address: 249 FIFTH AVENUE
City-St-Zip: PITTSBURGH, PA 152222707 US

Title: MGR
Name: MITCHELL II, D. BRYANT
Address: 249 FIFTH AVENUE
City-St-Zip: PITTSBURGH, PA 152222707 US

Title: MGR
Name: PARSLEY III, E. WILLIAM
Address: 450 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLOTTE MCLAUGHLIN

MGR

04/19/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date