

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H19948

Entity Name: ARCHIPELAGO TRADING SERVICES, INC.**Current Principal Place of Business:**11 WALL STREET
NEW YORK, NY 10005**Current Mailing Address:**11 WALL STREET
NEW YORK, NY 10005 US**FEI Number:** 59-2453894**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED AGENT GROUP INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US*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**Officer/Director Detail :**

Title SECRETARY
Name MCGINNESS, JANET
Address 11 WALL STREET
City-State-Zip: NEW YORK NY 10005

Title TREASURER
Name HUNTER, MARTIN
Address 11 WALL STREET
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name SHORT , JOHNATHAN H
Address 11 WALL STREET
City-State-Zip: NEW YORK NY 10005

Title CCO
Name KNIGHT , JOHN
Address 11 WALL STREET
City-State-Zip: NEW YORK NY 10005

Title D
Name HILL , ROBERT
Address 11 WALL STREET
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR, SECRETARY
Name HILL , SCOTT A.
Address 5660 NEW NORTHSIDE DRIVE
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR, SENIOR VICE PRESIDENT
Name SURDYKOWSKI, ANDREW J.
Address 5660 NEW NORTHSIDE DRIVE
City-State-Zip: ATLANTA GA 30328

Title ASST. SECRETARY
Name SPENCER , OCTAVIA
Address 11 WALL STREET
City-State-Zip: NEW YORK NY 10005

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT A. HILL**BY** JON-MICHAEL
SANCHEZ, ATTORNEY-IN-
FACT**04/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date