2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048286

Entity Name: STONEX FINANCIAL INC.

Current Principal Place of Business:

329 PARK AVE. N. SUITE 350

WINTER PARK, FL 32789

FILED
Jan 12, 2021
Secretary of State
3303381679CC

Current Mailing Address:

1075 JORDAN CREEK PARKWAY SUITE 300

WEST DES MOINES, IA 50266 US

FEI Number: 59-3514167 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US

SUITE 350

SUITE 10-500

SUITE 350

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: VALERIE MILLS 01/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title D/CHAIRMAN, PRESIDENT Title CFO, DIRECTOR

Name O'CONNOR, SEAN M Name DUNAWAY, WILLIAM J

Address 329 PARK AVE. N. Address 1251 NW BRIARCLIFF PARKWAY

SUITE 800

SUITE 350

City-State-Zip: WINTER PARK FL 32789 City-State-Zip: KANSAS CITY MO 64116

Title SECRETARY Title DIRECTOR, EXECUTIVE VP

Name BOLTE, DAVID A Name LYON, CHARLES M

Address 1075 JORDAN CREEK PARKWAY Address 329 PARK AVE. N.

SUITE 300

WEST DES MOINES IA 50266 City-State-Zip: WINTER PARK FL 32789

Title COO, DIRECTOR Title DIRECTOR, CHIEF RISK OFFICER

Name NGUYEN, XUONG Name HARROD, TRICIA

Address 230 SOUTH LASALLE Address 1251 NW BRIARCLIFF PARKWAY

SUITE 800

City-State-Zip: CHICAGO IL 60604 City-State-Zip: KANSAS CITY MO 64116

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 SMITH, PHILIP
 Name
 MAURER, MARK

Address 329 PARK AVE. N. Address 230 SOUTH LASALLE

SUITE 10-500

City-State-Zip: WINTER PARK FL 32789 City-State-Zip: CHICAGO IL 60604

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: DAVID A. BOLTE SECRETARY 01/12/2021