

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000048286

**FILED**  
**Feb 21, 2018**  
**Secretary of State**  
**CC4527865785**

**Entity Name:** INTL FCSTONE FINANCIAL INC.

**Current Principal Place of Business:**

329 PARK AVE. N.  
SUITE 350  
WINTER PARK, FL 32789

**Current Mailing Address:**

329 PARK AVE. N.  
SUITE 350  
WINTER PARK, FL 32789 US

**FEI Number:** 59-3514167

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SEPHTON, BRIAN T  
329 PARK AVE. N.  
SUITE 350  
WINTER PARK,, FL 32789 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 D/CHAIRMAN, PRESIDENT  
Name O'CONNOR, SEAN M  
Address 329 PARK AVE. N.  
SUITE 350  
City-State-Zip: WINTER PARK FL 32789

Title CFO, DIRECTOR  
Name DUNAWAY, WILLIAM J  
Address 1251 NW BRIARCLIFF PARKWAY  
SUITE 800  
City-State-Zip: KANSAS CITY MO 64116

Title SECRETARY  
Name BOLTE, DAVID A  
Address 1075 JORDAN CREEK PARKWAY  
SUITE 300  
City-State-Zip: WEST DES MOINES IA 50266

Title DEVP  
Name SEPHTON, BRIAN T  
Address 329 PARK AVE. N., SUITE 350  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR, EXECUTIVE VP  
Name LYON, CHARLES M  
Address 329 PARK AVE. N.  
SUITE 350  
City-State-Zip: WINTER PARK FL 32789

Title COO, DIRECTOR  
Name NGUYEN, XUONG  
Address 230 SOUTH LASALLE  
SUITE 10-500  
City-State-Zip: CHICAGO IL 60604

Title DIRECTOR, CHIEF RISK OFFICER  
Name HARROD, TRICIA  
Address 1251 NW BRIARCLIFF PARKWAY  
SUITE 800  
City-State-Zip: KANSAS CITY MO 64116

Title DIRECTOR  
Name SMITH, PHILIP  
Address 329 PARK AVE. N.  
SUITE 350  
City-State-Zip: WINTER PARK FL 32789

*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**

**02/21/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date