

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000048286

**FILED**  
**Mar 09, 2015**  
**Secretary of State**  
**CC2811380566**

**Entity Name:** INTL FCSTONE SECURITIES 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  
Name O'CONNOR, SEAN M  
Address 329 PARK AVE. N.  
SUITE 350  
City-State-Zip: WINTER PARK FL 32789

Title CFO  
Name MINUCCI, NATHAN J  
Address 329 PARK AVE. N., SUITE 350  
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY  
Name BOLTE, DAVID A  
Address 2829 WESTOWN PARKWAY  
SUITE 100  
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  
Name BRANCH, SCOTT J  
Address 329 PARK AVE. N.  
SUITE 350  
City-State-Zip: WINTER PARK FL 32789

Title D/CEO  
Name LYON, CHARLES M  
Address 329 PARK AVE. N.  
SUITE 350  
City-State-Zip: WINTER PARK FL 32789

Title D/P  
Name CARLSON, STEVEN J  
Address 329 PARK AVE. N.  
SUITE 350  
City-State-Zip: WINTER PARK FL 32789

Title COO  
Name HUYNH, KIET  
Address 329 PARK AVENUE 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**

**03/09/2015**

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

\_\_\_\_\_  
Date