

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001809

Entity Name: WELLS FARGO CLEARING SERVICES, LLC

Current Principal Place of Business:

1 NORTH JEFFERSON AVENUE
ST. LOUIS, MO 63103

Current Mailing Address:

1 NORTH JEFFERSON AVENUE
ST. LOUIS, MO 63103 US

FEI Number: 34-1542819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MANAGER
Name KARANIK, ERIK ANTHONY
Address 1 NORTH JEFFERSON AVENUE
City-State-Zip: ST. LOUIS MO 63103

Title ASST. SECRETARY
Name BARROSO, VICTORIA
Address 1 NORTH JEFFERSON AVENUE
City-State-Zip: ST. LOUIS MO 63103

Title MANAGER
Name CRONK, DARRELL
Address 1 NORTH JEFFERSON AVENUE
City-State-Zip: ST. LOUIS MO 63103

Title MANAGER
Name GINDI, SOL
Address 1 NORTH JEFFERSON AVENUE
City-State-Zip: ST. LOUIS MO 63103

Title MANAGER
Name LIERSCH, MICHAEL
Address 1 NORTH JEFFERSON AVENUE
City-State-Zip: ST. LOUIS MO 63103

Title MANAGER
Name PATEL, RAKESH
Address 1 NORTH JEFFERSON AVENUE
City-State-Zip: ST. LOUIS MO 63103

Title MANAGER
Name SOMMERS, BARRY
Address 1 NORTH JEFFERSON AVENUE
City-State-Zip: ST. LOUIS MO 63103

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICTORIA BARROSO

ASST SECRETARY

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date