2023 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Date

FILED Apr 12, 2023

Secretary of State

2854215336CC

Authorized Person(s) Detail :

Title MANAGER Title MANAGER

CAPERTON, JULIE Name Name KARANIK, ERIK ANTHONY

1 NORTH JEFFERSON AVENUE 1 NORTH JEFFERSON AVENUE Address Address

City-State-Zip: ST. LOUIS MO 63103 ST. LOUIS MO 63103 City-State-Zip:

MANAGER Title Title **AUTHORIZED PERSON**

Name CRONK, DARRELL BARROSO, VICTORIA Name

150 EAST 42ND STREET Address 1 NORTH JEFFERSON AVENUE Address

24TH FLOOR

ST. LOUIS MO 63103

ST. LOUIS MO 63103 City-State-Zip: NEW YORK NY 10017 City-State-Zip:

Title **MANAGER** Title **MANAGER**

Name LIERSCH, MICHAEL GINDI, SOL Name

Address 1 NORTH JEFFERSON AVENUE

1 NORTH JEFFERSON AVENUE Address City-State-Zip: ST. LOUIS MO 63103

City-State-Zip: ST. LOUIS MO 63103

Title **MANAGER** Title **MANAGER**

Name SOMMERS, BARRY Name PATEL. RAKESH

1 NORTH JEFFERSON AVENUE Address 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.

04/12/2023 SIGNATURE: VICTORIA BARROSO AUTHORIZED PERSON

Electronic Signature of Signing Authorized Person(s) Detail