

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001356

Entity Name: TIAA-CREF INDIVIDUAL & INSTITUTIONAL SERVICES, LLC

Current Principal Place of Business:

730 THIRD AVENUE
NEW YORK, NY 10017

Current Mailing Address:

730 THIRD AVENUE
NEW YORK, NY 10017 US

FEI Number: 55-0856733

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 BADWE, RASHMI
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title MANAGER
Name GRIESSER, WILLIAM G
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title MANAGER
Name JONES, ERIC T
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title MANAGER
Name BELLUCCI, RAYMOND
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title MANAGER
Name KAHRMANN, ANGELA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title SECRETARY
Name ZELNICK, JEANNE
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name WORLEY, STEVEN A.
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title VP
Name BARAKS, CHRISTOPHER
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

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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: JEANNE ZELNICK

SECRETARY

01/24/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name RAMOS, JANET
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title ASST. SECRETARY
Name NEGRON, PATRICIA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title ASST. SECRETARY
Name BARNHILL, HELEN
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title TREASURER
Name HEALD, CHRISTOPHER J
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

Title AUTHORIZED REPRESENTATIVE
Name GOODSON, KINDLE
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017