

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002198

Entity Name: BARINGS LLC**Current Principal Place of Business:**300 SOUTH TRYON STREET
SUITE 2500
CHARLOTTE, NC 28202**Current Mailing Address:**300 SOUTH TRYON STREET
SUITE 2500
CHARLOTTE, NC 28202 US**FEI Number:** 51-0504477**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 FINKE, THOMAS
Address 300 SOUTH TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202Title MANAGER
Name CRANDALL, ROGER
Address 300 SOUTH TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202Title MANAGER
Name CORBETT, TIMOTHY
Address 300 SOUTH TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202Title MANAGER
Name WARD, ELIZABETH
Address 300 SOUTH TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202Title MANAGER
Name GLAVIN, WILLIAM JR
Address 300 SOUTH TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202Title MANAGER
Name CRADDOCK, GEOFFREY
Address 300 SOUTH TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202Title MEMBER
Name MM ASSET MANAGEMENT HOLDING,
LLC
Address 300 SOUTH TRYON STREET
SUITE 2500
City-State-Zip: CHARLOTTE NC 28202

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: JILL DINERMAN**AUTHORIZED PERSON****01/22/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date