

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002031

**FILED**  
**Mar 20, 2014**  
**Secretary of State**  
**CC3879810959**

**Entity Name:** ICAP SERVICES NORTH AMERICA LLC

**Current Principal Place of Business:**

HARBORSIDE FINANCIAL CENTER  
1100 PLAZA FIVE  
JERSEY CITY, NJ 07311

**Current Mailing Address:**

HARBORSIDE FINANCIAL CENTER  
1100 PLAZA FIVE  
JERSEY CITY, NJ 07311 US

**FEI Number:** 52-2067168

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	MANAGER, CEO
Name	FLANNERY, DANIEL	Name	NIXON, JOHN
Address	HARBORSIDE FINANCIAL CENTER 1100 PLAZA 5	Address	HARBORSIDE FINANCIAL CENTER 1100 PLAZA 5
City-State-Zip:	JERSEY CITY NJ 07311	City-State-Zip:	JERSEY CITY NJ 07311
Title	VP		
Name	ALTAMORE, STEVE		
Address	HARBORSIDE FINANCIAL CENTER 1100 PLAZA 5		
City-State-Zip:	JERSEY CITY NJ 07311		

*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:** STEVEN ALTAMORE

VP - TAX

03/20/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date