

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001050

Entity Name: MORGAN STANLEY SMITH BARNEY INSURANCE SERVICES
LLC**FILED**
Apr 15, 2015
Secretary of State
CC3085979549**Current Principal Place of Business:**1585 BROADWAY
NEW YORK, NY 10036**Current Mailing Address:**1585 BROADWAY
NEW YORK, NY 10036 US**FEI Number: 27-1729303****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	MEMBER
Name	MORGAN STANLEY SMITH BARNEY LLC
Address	1585 BROADWAY
City-State-Zip:	NEW YORK NY 10036

Title	MANAGER
Name	FITZPATRICK, DANIEL J.
Address	1585 BROADWAY
City-State-Zip:	NEW YORK NY 10036

Title	MANAGER
Name	MARYNOWSKI, STEPHEN T.
Address	1585 BROADWAY
City-State-Zip:	NEW YORK NY 10036

Title	MANAGER
Name	PICONE, JOHN W.
Address	1585 BROADWAY
City-State-Zip:	NEW YORK NY 10036

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: MORGAN STANLEY SMITH BARNEY LLC**MEMBER****04/15/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date