

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004087

Entity Name: J.P. MORGAN SECURITIES LLC

Current Principal Place of Business:

383 MADISON AVE.
NEW YORK, NY 10179

FILED
Apr 26, 2021
Secretary of State
0827595655CC

Current Mailing Address:

383 MADISON AVE.
NEW YORK, NY 10179 US

FEI Number: 13-4110995

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
Name WINKELMAN, AMANDA D
Address 383 MADISON AVE.
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name HARVEY, CHRISTOPHER L
Address 383 MADISON AVE.
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name JURY, CLAUDIA
Address 383 MADISON AVE.
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name TEPPER, ERIC D.
Address 383 MADISON AVE.
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name STEIN, ERIC J
Address 383 MADISON AVE.
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name SIPPEL, JASON EDWIN
Address 383 MADISON AVE.
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name GELLER, JEREMY R
Address 383 MADISON AVE.
City-State-Zip: NEW YORK NY 10179

Title VP
Name ADRIENNE, DELORME FINKLEY
Address 383 MADISON AVE.
City-State-Zip: NEW YORK NY 10179

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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: ADRIENNE DELORME FINKLEY

VP

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER

Name JOHN , E SIMMONS

Address 383 MADISON AVE.

City-State-Zip: NEW YORK NY 10179