

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004087

Entity Name: J.P. MORGAN SECURITIES LLC

Current Principal Place of Business:

383 MADISON AVENUE
NEW YORK, NY 10179

Current Mailing Address:

383 MADISON AVENUE
NEW YORK, NY 10179 US

FEI Number: 13-3299429

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 BERNSTEIN, JEFFREY C.
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name DI IORIO, FELICE
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name HERNANDEZ, CARLOS M
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name MACLIN, SAMUEL T.
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name SOMMERS, BARRY
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name STALEY, JAMES E.
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title AUTHORIZED SIGNATORY
Name MEADE, COLLEEN
Address 4 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN MEADE

AUTHORIZED SIGNATOR **04/23/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date