

2015 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

FILED
Jan 14, 2015
Secretary of State
CC3557675049

Current Mailing Address:

383 MADISON AVENUE
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 DUFFY, JOHN
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 HOLMES, ROBERT C.
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name HORNER, JOHN S.
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name KIRBY, PATRICK C.
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

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

Title MANAGER
Name QUENTAL, GREGORY G.
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name SIPPEL, JASON E.
Address 383 MADISON AVENUE
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: COLLEEN A. MEADE

PEXECUTIVE DIRECTOR 01/14/2015
AND ASSISTANT
SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

Title EXECUTIVE DIRECTOR AND ASSISTANT
 SECRETARY
Name MEADE, COLLEEN A.
Address 4 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004