

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001030

**Entity Name:** BNY MELLON CAPITAL MARKETS, LLC

**Current Principal Place of Business:**

225 LIBERTY STREET  
NEW YORK, NY 10286

**Current Mailing Address:**

225 LIBERTY STREET  
NEW YORK, NY 10286 US

**FEI Number:** 23-2384977

**Certificate of Status Desired:** No

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

CT 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           DONOVAN, TIMOTHY  
Address        225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10286

Title           MANAGER  
Name           GARDINER, C. DELANEY  
Address        225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10286

Title           MANAGER  
Name           GAVIN, JOHN M. JR.  
Address        225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10286

Title           MANAGER  
Name           KLINGER, DANIEL  
Address        225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10286

Title           MANAGER  
Name           JACOBS, CHRISTOPHER  
Address        225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10286

Title           MANAGER  
Name           DE MENOCA, DANIEL C.  
Address        225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10286

Title           MANAGER  
Name           PENN, JEAN DEREK  
Address        225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10286

Title           MANAGER  
Name           GEARHART, JEFFREY S.  
Address        225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10286

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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:** TIMOTHY DONOVAN

**MANAGER**

**03/29/2016**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           STRUMEYER, GARY M.  
Address        225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10286