

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001030

Entity Name: BNY MELLON CAPITAL MARKETS, LLC

Current Principal Place of Business:

ONE WALL STREET
NEW YORK, NY 10286

Current Mailing Address:

ONE WALL 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 GARDINER, C. DELANEY
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286

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

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

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

Title MANAGER
Name YOSCA, FRED S.
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286

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

Title MANAGER
Name SKIRLIS, HAROLD
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286

Title MANAGER
Name GAVIN , JOHN M. JR.
Address ONE WALL 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: STEPHEN P. FORD

MANAGER

04/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name CASEY, PAUL F.
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286

Title MANAGER
Name SHARE, WARREN J.
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286

Title MANAGER
Name BRAGG, THEODORE J.
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286

Title MANAGER
Name FORD, STEPHEN P.
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286