

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005340

**Entity Name:** TD PRIVATE CLIENT WEALTH LLC**Current Principal Place of Business:**444 MADISON AVENUE, 11TH FLOOR  
NEW YORK, NY 10022**Current Mailing Address:**LEGAL DEPT. - P.O. BOX9540  
PORTLAND, ME 04112 US**FEI Number:** 01-0447182**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 ASST. SECRETARY  
Name BOOSE, LYDIA  
Address 75 JOHN ROBERTS ROAD, BLDG. A  
City-State-Zip: SOUTH PORTLAND ME 04106

Title SECRETARY  
Name MUKHERJEE, AJANTA  
Address 444 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR, CEO  
Name THOMPSON, KENNETH G.  
Address 444 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name MOTTEK, PETER SCOTT  
Address 444 MADISON AVENUE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR, TREASURER  
Name ROSENTHAL, RICHARD  
Address 444 MADISON AVENUE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MANAGER  
Name BREGENZER, ANDREW  
Address 444 MADISON AVENUE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MANAGER  
Name MIHALIOS, MARKELLA  
Address 444 MADISON AVENUE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10022

*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:** LYDIA C. BOOSE**ASSISTANT SECRETARY** 02/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date