

2013 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. BOX 9540
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 DIRECTOR, SVP
Name FEIN, KEVIN L
Address 444 MADISON AVENUE, 11TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name GIAMO, CHRISTOPHER
Address 324 SOUTH SERVICE ROAD
City-State-Zip: MELVILLE NY 17147

Title DIRECTOR, TREASURER
Name TRIPODI, FRANK
Address 31 W. 52ND STREET
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR, CHAIRMAN
Name WILLIAMS, BRANDON
Address 444 MADISON AVENUE, 11TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title SECRETARY
Name RYAN, GEOFFREY
Address 2130 CENTREPARK WEST DRIVE
City-State-Zip: WEST PALM BEACH FL 33409

Title ASST. SECRETARY
Name BOOSE, LYDIA
Address 75 JOHN ROBERTS ROAD, BLDG. A
City-State-Zip: SOUTH PORTLAND ME 04106

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: LYDIA BOOSE**ASSISTANT SECRETARY** 04/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date