

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000008672

**Entity Name:** ALLSPRING GLOBAL INVESTMENTS HOLDINGS, LLC

**Current Principal Place of Business:**

1415 VANTAGE PARK DRIVE  
3RD FLOOR  
CHARLOTTE, NC 28203

**Current Mailing Address:**

1415 VANTAGE PARK DRIVE  
3RD FLOOR  
CHARLOTTE, NC 28203 US

**FEI Number:** 36-4863445

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           SULLIVAN, JOSEPH A.  
Address        525 MARKET STREET  
                  12TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

Title           MANAGER  
Name           SQUIRE, SALLIE  
Address        525 MARKET STREET  
                  12TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

Title           MANAGER  
Name           MCMILLIN, MOLLY  
Address        525 MARKET STREET  
                  12TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

Title           SENIOR VICE PRESIDENT  
Name           BULLOCK, DAVID  
Address        800 LA SALLE AVE  
                  SUITE 1400  
City-State-Zip: MINNEAPOLIS MN 55402

*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:** DAVID BULLOCK

**SENIOR VICE PRESIDENT   02/06/2023**

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

\_\_\_\_\_  
Date