

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006122

Entity Name: DWS DISTRIBUTORS FLORIDA, INC.

Current Principal Place of Business:

222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606-5808

Current Mailing Address:

222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606-5808 US

FEI Number: 36-3976708

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Officer/Director Detail :

Title TREASURER
Name TANZIL, NANCY
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title TREASURER
Name TANZIL, NANCY
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title DIRECTOR
Name KULIK-PETERS, KRISTIN
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title VP
Name KULIK-PETERS, KRISTIN
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title DIRECTOR
Name WILCZEWSKI, JJ (JOEL)
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title DIRECTOR
Name WILCZEWSKI, JJ (JOEL)
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title PRESIDENT
Name WILCZEWSKI, JJ (JOEL)
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title PRESIDENT
Name WILCZEWSKI, JJ (JOEL)
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JJ (JOEL) WILCZEWSKI

PRESIDENT

04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name LARocca, ANJIE
Address 345 PARK AVENUE
City-State-Zip: NEW YORK NY 10154

Title DIRECTOR
Name HUGHES, MICHAEL
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title DIRECTOR
Name GROGAN, NICOLE
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title SECRETARY
Name UZCAN, HEPSEN
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title VP
Name HUGHES, MICHAEL
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808

Title VP
Name GROGAN, NICOLE
Address 222 SOUTH RIVERSIDE PLAZA
City-State-Zip: CHICAGO IL 60606-5808