

**2023 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           VP  
Name           WILCZEWSKI, JJ (JOEL)  
Address        222 SOUTH RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606-5808

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

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

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

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

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

Title           VP  
Name           REUTER, MICHELLE  
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:** NESTLE , CYNTHIA

**CHIEF OPERATING  
OFFICER**

**02/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR, COO  
Name           NESTLE, CYNTHIA  
Address        222 SOUTH RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606-5808