

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000006068

**Entity Name:** BLACKROCK CORPORATION US INC.**Current Principal Place of Business:**400 HOWARD STREET  
SAN FRANCISCO, CA 94105**Current Mailing Address:**400 HOWARD STREET  
SAN FRANCISCO, CA 94105 US**FEI Number:** 20-0393218**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 CEO  
Name FINK, LAURENCE  
Address 400 HOWARD STREET  
City-State-Zip: SAN FRANCISCO CA 94105

Title PRESIDENT  
Name KAPITO, ROBERT  
Address 400 HOWARD STREET  
City-State-Zip: SAN FRANCISCO CA 94105

Title CFO  
Name PETACH, ANN MARIE  
Address 400 HOWARD STREET  
City-State-Zip: SAN FRANCISCO CA 94105

Title ASST. SECRETARY  
Name SLANE, TERRI  
Address 400 HOWARD STREET  
City-State-Zip: SAN FRANCISCO CA 94105

Title TREASURER  
Name ENGEL, AMY  
Address 400 HOWARD STREET  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR  
Name WALTCHER, DANIEL R.  
Address 400 HOWARD STREET  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR  
Name KAPITO, ROBERT  
Address 400 HOWARD STREET  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR  
Name FINK, LAURENCE  
Address 400 HOWARD STREET  
City-State-Zip: SAN FRANCISCO CA 94105

*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:** TERRI SLANE**ASST. SECRETARY****04/13/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date