

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003976

**Entity Name:** CBOE EXCHANGE, INC.

**Current Principal Place of Business:**

400 SOUTH LASALLE STREET  
CHICAGO, IL 60605

**Current Mailing Address:**

400 SOUTH LASALLE STREET  
CHICAGO, IL 60605 US

**FEI Number: 36-2730838**

**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 CHAIRMAN OF THE BOARD  
Name TILLY, EDWARD T.  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title PRESIDENT  
Name CONCANNON, CHRISTOPHER  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title COO  
Name CONCANNON, CHRISTOPHER  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title SECRETARY  
Name MOFFIC-SILVER, JOANNE  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title GENERAL COUNSEL  
Name MOFFIC-SILVER, JOANNE  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR  
Name TILLY, EDWARD T.  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title CEO  
Name TILLY, EDWARD T.  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title EXECUTIVE VICE PRESIDENT  
Name SCHELL, BRIAN N.  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

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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: EDWARD T. TILLY**

**CEO**

**04/23/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO/TREASURER  
Name SCHELL, BRIAN N.  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR  
Name MURPHY, KEVIN  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR  
Name SOMMERS, JILL  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR  
Name ANDREWS, BRUCE  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR  
Name ROSCOE, DAVID  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR  
Name WAGNER, SCOTT  
Address 400 SOUTH LASALLE STREET  
City-State-Zip: CHICAGO IL 60605