

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003976

Entity Name: CHICAGO BOARD OPTIONS EXCHANGE, INCORPORATED**Current Principal Place of Business:**400 S. LASALLE ST
CHICAGO, IL 60605**Current Mailing Address:**400 S. LASALLE ST
CHICAGO, IL 60605**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 CEO
Name TILLY, EDWARD T
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title TCFO
Name DEAN, ALAN J
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title S
Name MOFFIE-SILVER, JOANNE
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title D
Name BORIS, JAMES R
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR
Name ENGLISH, FRANK E JR.
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR
Name FITZPATRICK, EDWARD J
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR
Name FROETSCHER, JANET P
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR
Name GOODMAN, JILL
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Continues on page 2

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: ALAN DEAN**TREASURER****03/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARTIN, R. EDEN
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR
Name PHILLIPS, SUSAN M
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR
Name STONE, CAROLE E
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR
Name SUNSHINE, EUGENE S
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR
Name PALMORE, RODERICK
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR
Name SKINNER, SAMUEL K
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605

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

Title DIRECTOR
Name FARROW, WILLIAM
Address 400 S. LASALLE ST
City-State-Zip: CHICAGO IL 60605