

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