

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001353

**Entity Name:** BOFA SECURITIES, INC.

**Current Principal Place of Business:**

ONE BRYANT PARK  
NEW YORK, NY 10036

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**9829839398CC**

**Current Mailing Address:**

150 N COLLEGE ST, NC1-028-17-06  
CHARLOTTE, NC 28255 US

**FEI Number:** 47-4921463

**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           LOUIS, WALTER R  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title           DIRECTOR, CEO  
Name           MONTAG, THOMAS K  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title           SECRETARY  
Name           JOHNSON, COLLEEN O  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title           SVP  
Name           MILLER, ERIK  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title           DIRECTOR  
Name           GALLO, FABRIZIO  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

Title           DIRECTOR  
Name           SMITH, ANDREA B  
Address        150 N COLLEGE ST  
                  NC1-028-17-06  
City-State-Zip: CHARLOTTE NC 28255

*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:** ERIK MILLER

SVP

04/10/2019

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

\_\_\_\_\_ Date