

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000003561

Entity Name: TRADITION SECURITIES AND DERIVATIVES INC.**Current Principal Place of Business:**32 OLD SLIP, 28TH FLOOR
NEW YORK, NY 10005**Current Mailing Address:**32 OLD SLIP, 28TH FLOOR
NEW YORK, NY 10005 US**FEI Number: 13-3517908****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
STE. 4
TALLAHASSEE, FL 32301 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 DIRECTOR
Name BRISEBOIS, FRANCOIS
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR AND CHIEF OPERATING OFFICER
Name ROSENSHEIN, LARRY
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name WOSTYN, WILLIAM
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title EXECUTIVE VP
Name MEHAN, JEFF
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR AND CHIEF EXECUTIVE OFFICER
Name LEIBOWITZ, MICHAEL
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR, CFO, SECRETARY AND TREASURER
Name RICCIARDI, JUDITH
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title PRESIDENT
Name BACCALA, RAYMOND
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

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: JUDITH RICCIARDI**SECRETARY****03/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date