

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001316

Entity Name: CBOE GLOBAL MARKETS, INC.**Current Principal Place of Business:**400 S LASALLE ST
CHICAGO, IL 60605**Current Mailing Address:**400 S LASALLE ST
CHICAGO, IL 60605 US**FEI Number:** 20-5446972**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 DIRECTOR
Name TILLY, EDWARD
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 TREASURER
Name SCHELL, BRIAN
Address 400 SOUTH LASALLE STREET
City-State-Zip: CHICAGO IL 60605

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

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

Title DIRECTOR
Name FARROW III, WILLIAM
Address 400 SOUTH LASALLE STREET
City-State-Zip: CHICAGO IL 60605

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

Title DIRECTOR
Name FROETSCHER, JANET
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: JOANNE MOFFIC-SILVER**SECRETARY****03/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name STONE, CAROL
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 DIRECTOR
Name MITCHELL, CHRISTOPHER
Address 400 SOUTH LASALLE STREET
City-State-Zip: CHICAGO IL 60605

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

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

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