

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000005105

**Entity Name:** TD WEALTH MANAGEMENT SERVICES INC.**Current Principal Place of Business:**2059 SPRINGDALE RD.  
CHERRY HILL, NJ 08003**Current Mailing Address:**C/O TD BANK, N.A. - LEGAL DEPARTMENT  
P.O. BOX 9540  
PORTLAND, ME 04112**FEI Number:** 23-2177819**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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	PD
Name	KLUG, ALYSON
Address	2059 SPRINGDALE ROAD
City-State-Zip:	CHERRY HILL NJ 08003

Title	VP
Name	VANDER LEEUW, JOHN
Address	2059 SPRINGDALE RD.
City-State-Zip:	CHERRY HILL NJ 08003

Title	SECRETARY
Name	BARNETT, ROHAN
Address	444 MADISON AVE
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	NOSSEN, ALAN LARRY
Address	125 PARK AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	AS
Name	BOOSE, LYDIA C
Address	ONE PORTLAND SQUARE
City-State-Zip:	PORTLAND ME 04101

Title	DIRECTOR
Name	YANCEY, CHRISTOPHER F
Address	2437 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

Title	TREASURER
Name	FANELLE, BARTHOLOMEW D.
Address	2059 SPRINGDALE RD.
City-State-Zip:	CHERRY HILL NJ 08003

Title	ASSISTANT SECRETARY
Name	GUMBS, ETTA
Address	444 MADISON AVE
City-State-Zip:	NEW YORK NY 10022

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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:** LYDIA C. BOOSE**ASSISTANT SECRETARY** 03/19/2020\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CLAYTON-CHAVIS, RHONDA  
Address 444 MADISON AVE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name PEREZ, VAL A.  
Address 3000 ATRIUM WAY  
City-State-Zip: MOUNT LAUREL NJ 08054

Title DIRECTOR  
Name FANELLE, BARTHOLOMEW D.  
Address 2059 SPRINGDALE RD.  
City-State-Zip: CHERRY HILL NJ 08003