2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# 846490

Entity Name: LPL FINANCIAL CORPORATION

Current Principal Place of Business:

9785 TOWNE CENTRE DRIVE
SAN DIEGO, CA 921211958 US

New Principal Place of Business:

Current Mailing Address:

ONE BEACON ST., 22ND FLOOR
BOSTON, MA 02108 US

New Mailing Address:

FEI Number: 95-2834236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: STEPHANIE
Address: ONE BEACON ST 22ND FLOOR BOSTON MA 02108
City-St-Zip: BOSTON, MA 02108 US

Title: D ( ) Delete
Name: MARK
Address: ONE BEACON ST 22ND FL BOSTON MA 02108
City-St-Zip: BOSTON, MA 02108 US

Title: P ( ) Delete
Name: ESTHER
Address: 9785 TOWNE CENTRE DR SAN DIEGO CA 92121
City-St-Zip: SAN DIEGO, CA 92121 US

Title: D ( ) Delete
Name: STEARNS, ESTHER M
Address: 9785 TOWNE CENTRE DRIVE
City-St-Zip: SAN DIEGO, CA 92121 US

Title: T ( ) Delete
Name: MOORE, ROBERT J
Address: 9785 TOWNE CENTRE DRIVE
City-St-Zip: SAN DIEGO, CA 92121 US

Title: D ( ) Delete
Name: MOORE, ROBERT J
Address: 9785 TOWNE CENTRE DRIVE
City-St-Zip: SAN DIEGO, CA 92121 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: BROWN, STEPHANIE L
Address: ONE BEACON ST 22ND FLOOR
City-St-Zip: BOSTON, MA 02108 US

Title: D (X) Change ( ) Addition
Name: CASADY, MARK S
Address: ONE BEACON ST 22ND FL
City-St-Zip: BOSTON, MA 02108 US

Title: P (X) Change ( ) Addition
Name: STEARNS, ESTHER M
Address: 9785 TOWNE CENTRE DR
City-St-Zip: SAN DIEGO, CA 92121 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHANIE L BROWN S 07/14/2009

Electronic Signature of Signing Officer or Director — Date