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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used fon-futur annual report mailings. Enter only one email address please *

Email Address:_____

FOREIGN PROFIT/NONPROFIT CORPORATION EATON VANCE CORP.

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COVER LETTER

	ion Section of Corporations			
SUBJECT: Ea	ton Vance Corp.			
	Name	of corporation -	must include suffix	
Dear Sir or Mada	m;			
"Certificate of Ex	oplication by Foreign Coxistence," or "Certificate foreign corporation to to	of Good Stand	ing" and check are subi	
Please return all o	correspondence concerni	ing this matter t	o the following:	
Michelle Rousseau	ı, Assistant Secretary			
		Name of P	erson	
Eaton Vance Corp				
		Firm/Comp	any	
Two International	Place, 6th Floor			
		Addres	ss	
Boston, MA 02110)			
· 		City/State an	d Zip code	
mrousseau@eaton	vance.com			
	E-mail address	: (to be used fo	r future annual report n	otification)
For further inform	mation concerning this m	iatter, please ca	H:	
Michelle Rousseau	1	at (672-8159	
Name of	Person	Area Code	Daytime Telepl	hone Number
Registrat Division The Cent 2415 N. 1	F/COURIER ADDRES ion Section of Corporations tre of Tallahassee Monroe Street, Suite 816 see, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	payable to: FLORIDA D Fee	EPARTMENT lg Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TOFFS AND SACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of tran	sacting business in Florida)
Maryland)4-2718215	
(State or count	ry under the law of which it is incorporated)	(FEI number	r, if applicable)
1/28/81	5.		
(Date	of incorporation) 5	(Date of duration, if	other than perpetual)
May 1, 2020			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
Two Internationa	al Place, Boston, MA 02110		
	(Principal office	: <u>street</u> address)	
		1.1 10.1100 (3	
	(Current mailing	address, if different)	
NI	, , ,	•	and a
Name and stre	et address of Florida registered agent: (P.O.	•	200 CONT.
Name and stre	, , ,	•	Sent Control of the C
Name:	et address of Florida registered agent: (P.O.	•	
Name:	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street	Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street	Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street	•	— 75 75
Name: fice Address: Registered ag	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City)	Box NOT acceptable) , Florida 32301 (Zip code)	—
Name: fice Address: Registered agoving been name	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept service	Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above	stated corporation at the pl
Name: fice Address: Registered ag ving been nan ignated in thi ther agree to d	ct address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept services application. I hereby accept the appointment comply with the provisions of all statutes resistered.	Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above ent as registered agent an lative to the proper and co	stated corporation at the pla d agree to act in this capaci
Name: Tice Address: Registered agaving been nan signated in thi rther agree to o	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept service	Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above ent as registered agent an lative to the proper and co	stated corporation at the pla d agree to act in this capaci
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Name: Tice Address: Registered agaving been nansing this rated in this rather agree to a d I am familia	ct address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept services application. I hereby accept the appointment comply with the provisions of all statutes registered and accept the obligations of my positive with and accept the obligations of my positive complexity.	Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above ent as registered agent an lative to the proper and co	stated corporation at the pl d agree to act in this capaci emplete performance of my

^{10.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	PLEASE SEE ATTACHED			
□Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		<u>. </u>
□Vice President		□Vice President		
□ Secretary	Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other		Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President	-	
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		☐Treasurer
□Other		□Other		□Other
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Elogida Department of State Annual Report form.				
	Signature of Director of	or Officer		

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Frederick S. Marius, Secretary

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Eaton Vance Corp. Officers and Directors List

PRESIDENT	THOMAS E. FAUST JR.	2 INTERNATIONAL PL. BOSTON, MA
		02110 USA
TREASURER	PÏERRIC G. SENAY	2 INTERNATIONAL PL. BOSTON, MA
		02110 USA
SECRETARY	FREDERICK S. MARIUS	2 INTERNATIONAL PL. BOSTON, MA
	TO MATERIAL PROPERTIES AND THE PROPERTY OF THE	02110 USA
CFO	LAURIE G HYLTON	2 INTERNATIONAL PL. BOSTON, MA
grannen mariantan mari		02110 USA
DIRECTOR	ANN E. BERMAN	2 INTERNATIONAL PL. BOSTON, MA
	(*************************************	02110 USA
DIRECTOR	WINTHROP SMITH	TWO INTERNATIONAL PLACE BOSTON,
politikaristaturingan marangan	\$ 14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MA 02110 USA
DIRECTOR	BRIAN LANGSTRAAT	TWO INTERNATIONAL PLACE BOSTON,
		MA 02110 USA
DIRECTOR	THOMAS E. FAUST JR.	2 INTERNATIONAL PL. BOSTON, MA
	Annual Control of the	02110 USA
DIRECTOR	PAULA A JOHNSON	TWO INTERNATIONAL PLACE BOSTON,
Section of the sectio	Constitution of the Consti	MA 02110 USA
DIRECTOR	LEO I. HIGDON JR.	2 INTERNATIONAL PL. BOSTON, MA
Secretari terramenterari meneri della seri della seri della seria della seria della seria della seria della se		02110 USA
DIRECTOR	DOROTHY PUHY	TWO INTERNATIONAL PLACE BOSTON,
mannament m Tagair mannament man	The state of the s	MA 02110 USA
DIRECTOR	RICHARD A SPILLANE	TWO INTERNATIONAL PLACE BOSTON,
		MA 02110 USA

STATE OF MARYLAND Department of Assessments and Taxation

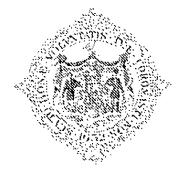
I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT EATON VANCE CORP. (D01228394), INCORPORATED JANUARY 29, 1981, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE. THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 03, 2020.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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