

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002814

Entity Name: UBS SECURITIES LLC**Current Principal Place of Business:**1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019**Current Mailing Address:**1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019 US**FEI Number:** 13-3873456**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name MOLINARO, SAMUEL
Address 600 WASHINGTON BLVD.
City-State-Zip: STAMFORD CT 06901

Title AUTHORIZED REPRESENTATIVE
Name HECKLER, MARGARET
Address 600 WASHINGTON BLVD.
City-State-Zip: STAMFORD CT 06901

Title AUTHORIZED MEMBER
Name CAPANNA, DEREK
Address 1285 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title AUTHORIZED MEMBER
Name ROY, DYLAN
Address 1285 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title AUTHORIZED MEMBER
Name VAN TASSEL, JAMES
Address 1285 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title AUTHORIZED MEMBER
Name MATTONE, RALPH
Address 1285 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title AUTHORIZED MEMBER
Name MUNFA, LAUREN
Address 1285 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET HECKLER**AUTHORIZED
REPRESENTATIVE**

04/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date