

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000290

Entity Name: AXOS CLEARING LLC**Current Principal Place of Business:**1200 LANDMARK CENTER
1299 FARNAM STREET SUITE 800
OMAHA, NE 68102-1916**Current Mailing Address:**1200 LANDMARK CENTER
1299 FARNAM STREET SUITE 800
OMAHA, NE 68102-1916 US**FEI Number:** NOT APPLICABLE**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**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	SALAS, CARLOS
Address	1200 LANDMARK CENTER 1299 FARNAM STREET SUITE 800
City-State-Zip:	OMAHA NE 68102-1916

Title	CEO
Name	FRANKEL, CHRIS
Address	1200 LANDMARK CENTER 1299 FARNAM STREET SUITE 800
City-State-Zip:	OMAHA NE 68102-1916

Title	MANAGER
Name	SIME, JEFF
Address	1200 LANDMARK CENTER 1299 FARNAM STREET SUITE 800
City-State-Zip:	OMAHA NE 68102-1916

Title	GENERAL COUNSEL
Name	ARNET, TRES
Address	1200 LANDMARK CENTER 1299 FARNAM STREET SUITE 800
City-State-Zip:	OMAHA NE 68102-1916

Title	CFO
Name	SIME, JEFF
Address	1200 LANDMARK CENTER 1299 FARNAM STREET SUITE 800
City-State-Zip:	OMAHA NE 68102-1916

Title	MEMBER
Name	COR SECURITIES HOLDINGS INC
Address	233 WILSHIRE BLVD #830
City-State-Zip:	SANTA MONICA CA 90401

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: JEFF SIME**CHIEF FINANCIAL
OFFICER****05/29/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date